

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, November 01, 2013 2:51 PM  
**To:** Derman, Barbara (DCH)  
**Subject:** FW: Real Alternatives Program Reports  
**Attachments:** Real Alternatives Program Reports.pdf

FYI

**From:** Broessel, Kristi (DCH)  
**Sent:** Thursday, October 31, 2013 7:52 AM  
**To:** Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
**Subject:** FW: Real Alternatives Program Reports

I am forwarding these reports in preparation for our conference call at 9:00 tomorrow. Thank you for reviewing them to see if we can work with them for this pilot program. If this program is funded in future years, perhaps we may be able to request more specialized reports for Michigan.

Please let me know if you would like to have a pre-conference call internal call with me at 8:30. I will be here.

**From:** Kevin I. Bagatta, Esquire [mailto:[ra-president@comcast.net](mailto:ra-president@comcast.net)]  
**Sent:** Thursday, October 31, 2013 7:45 AM  
**To:** Broessel, Kristi (DCH)  
**Subject:** Real Alternatives Program Reports

Kristi;

I am following-up on your advise to send you copies of our data reporting. Here are the program data reports we currently produce quarterly and annually for Pennsylvania and Texas:

1. Clients Served by Age by County [we could change this to zip code ]
2. Client Visits by Age by County [we could change this to zip code ]
3. Types of Counseling or Referral Provided by Age
4. Types of Classes and Material Assistance provided by Age
5. Hours of Counseling and Education Provided by Service Provider
6. Number of Calls Received on Hotline
7. Number of Referrals by Service Provider on Hotline
8. Grant Goals and Objectives: number of service providers, number of clients served, number of clients indicating childbirth chose
9. Grant Goals and Objectives: advertising actions and venues attended to reach clients
10. Grant Goals and Objectives: number of clients counseled and referred through hotline
11. Grant Goals and Objectives: number of clients stating they felt supported physically, mentally, and emotionally
12. Grant Goals and Objectives: number of clients receiving abstinence/chastity skills through counseling and classes
13. Grant Goals and Objectives: number of clients receiving parenting skills through counseling and classes

14. Grant Goals and Objectives: number of clients receiving adoption education

Talk to you Friday.

Thanks,  
Kevin

Kevin I. Bagatta, Esquire  
President & CEO  
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[www.RealAlternatives.org](http://www.RealAlternatives.org)  
[www.LoveFacts.org](http://www.LoveFacts.org)  
[www.ConcernedParents.com](http://www.ConcernedParents.com)



Real Alternatives was awarded the Seal of Excellence for successfully completing the Standards of Excellence certification program sponsored by the Pennsylvania Association of Nonprofit Organizations (PANO). This certification identifies Real Alternatives as an ethical and accountable organization dedicated to the highest level of excellence within the nonprofit sector.

**Clients By Age****All Sites****7/1/2012 - 6/30/2013 TOTAL**

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Adams	3	75	101	43	17	6	1	0	246
Allegheny	28	431	861	911	535	280	94	38	3,178
Armstrong	0	28	48	48	21	5	4	1	155
Beaver	1	48	65	44	40	27	6	0	231
Berks	11	220	346	196	125	39	15	1	953
Blair	0	0	0	1	0	0	0	0	1
Bradford	0	0	0	1	0	0	0	0	1
Bucks	2	49	76	62	45	12	2	2	250
Butler	1	54	132	95	52	21	6	5	366
Cambria	1	10	16	7	8	4	1	1	48
Cameron	0	7	3	6	1	2	1	0	20
Carbon	0	4	22	6	3	4	2	0	41
Centre	0	9	14	10	3	3	1	0	40
Chester	0	5	9	14	6	3	1	0	38
Clarion	0	18	40	28	16	6	6	4	118
Clearfield	8	97	107	89	54	15	5	2	377
Columbia	0	0	0	1	0	0	0	0	1
Crawford	0	9	11	8	5	3	0	0	36
Cumberland	1	44	67	44	20	11	5	1	193
Dauphin	17	331	437	300	127	60	21	9	1,302
Delaware	6	82	174	121	93	48	14	6	544
Elk	8	66	47	63	37	15	3	1	240
Erie	43	519	578	360	161	85	18	10	1,774
Fayette	1	46	65	37	15	10	8	1	183
Forest	0	1	0	0	0	0	0	0	1
Franklin	0	2	1	1	0	0	0	0	4
Greene	0	27	59	26	8	5	2	0	127
Indiana	1	5	1	1	1	0	0	0	9
Jefferson	5	65	50	29	13	3	0	2	167
Juniata	0	0	1	0	0	0	0	0	1
Lackawanna	8	149	270	176	107	47	18	7	782
Lancaster	7	106	180	121	66	30	6	5	521
Lawrence	4	122	202	176	96	46	16	11	673

## Visits By Age

## All Sites

7/1/2012 - 6/30/2013 TOTAL

County	<16	16-20	21-25	26-30	31-35	36-40	41-45	>45	Total
Adams	5	222	242	69	17	16	1	0	572
Allegheny	102	3,087	4,681	3,979	2,307	1,114	356	90	15,716
Armstrong	23	250	356	322	329	49	105	24	1,458
Beaver	5	152	236	222	220	156	52	0	1,043
Berks	50	830	1,300	571	480	130	37	1	3,399
Blair	0	0	0	4	0	0	0	0	4
Bradford	0	0	0	1	0	0	0	0	1
Bucks	8	591	463	347	252	62	13	8	1,744
Butler	11	222	619	337	304	63	23	46	1,625
Cambria	24	56	180	55	49	66	8	13	451
Cameron	0	56	29	35	10	8	1	0	139
Carbon	0	12	237	64	44	46	9	0	412
Centre	0	33	20	24	6	4	3	0	90
Chester	0	12	18	27	25	5	8	0	95
Clarion	0	179	543	416	235	54	114	37	1,578
Clearfield	79	665	352	395	179	42	13	10	1,735
Columbia	0	0	0	2	0	1	0	0	3
Crawford	0	21	24	16	8	5	0	0	74
Cumberland	1	251	102	58	30	13	298	1	754
Dauphin	23	1,222	1,461	723	193	138	348	11	4,119
Delaware	13	832	1,730	667	462	428	41	8	4,181
Elk	122	844	189	347	264	142	23	9	1,940
Erie	83	1,076	1,225	893	326	170	31	29	3,833
Fayette	3	271	389	204	118	66	52	1	1,104
Forest	0	1	0	0	0	0	0	0	1
Franklin	0	2	2	1	0	0	0	0	5
Greene	0	43	109	60	14	37	3	0	266
Huntingdon	0	1	0	0	0	0	0	0	1
Indiana	7	28	1	1	2	0	0	0	39
Jefferson	21	563	193	162	50	17	0	16	1,022
Juniata	0	0	1	0	0	0	0	0	1
Lackawanna	11	1,258	1,118	673	160	102	26	8	3,356

## Counseling/Referral Summary

## All Sites

7/1/2012 - 6/30/2013 TOTAL

	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Counseling/Referral										
Abortion Risks & Info:	43	620	769	435	232	120	26	18	2,263	2.51%
Abstinence/Chastity:	169	1,980	2,322	1,490	868	378	109	46	7,362	8.18%
Abuse (Emotional):	40	462	602	310	232	65	28	5	1,744	1.94%
Abuse (Physical):	31	353	452	259	163	50	25	6	1,339	1.49%
Abuse (Sexual):	18	132	191	92	64	13	8	1	519	0.58%
Adoption Education:	59	691	685	372	231	81	25	7	2,151	2.39%
Anger Management:	428	1,448	803	277	331	75	24	4	3,390	3.77%
Breastfeeding:	507	3,232	3,083	2,179	1,390	537	138	38	11,104	12.34%
Child Care:	592	6,704	9,601	7,830	4,623	1,915	854	315	32,434	36.04%
Childbirth Issues:	349	3,513	3,980	2,686	1,586	631	195	55	12,995	14.44%
Decision Making:	773	9,117	8,356	5,996	3,451	1,597	619	134	30,043	33.38%
Depression:	33	438	643	262	216	66	18	4	1,680	1.87%
Drug/Alcohol:	13	310	401	236	190	60	29	10	1,249	1.39%
Education:	729	6,832	4,622	2,633	1,564	585	138	58	17,161	19.07%
Family Spt: -Birth Father	4	109	306	81	47	24	5	0	576	0.64%
Family Spt: -Boyfriend	1	112	140	74	53	19	0	0	399	0.44%
Family Spt: -Father	3	45	16	5	55	13	0	0	137	0.15%
Family Spt: -Foster Parent	0	4	0	0	0	0	0	0	4	0.00%
Family Spt: -Grandparent	0	40	167	4	5	0	0	0	216	0.24%
Family Spt: -Husband	0	7	111	54	20	6	1	0	199	0.22%
Family Spt: -Lgl Guardian	0	3	0	0	0	0	0	0	3	0.00%
Family Spt: -Mother	26	336	278	61	86	36	0	0	823	0.91%
Family Spt: -Sibling	0	91	111	22	29	28	3	0	284	0.32%
Fetal Development:	368	5,227	6,450	4,357	2,515	970	337	68	20,292	22.55%
Financial/Job:	246	8,006	11,444	8,705	5,221	2,148	1,033	353	37,156	41.28%
Grief -Adoption:	0	11	14	1	2	7	1	0	36	0.04%
Grief -Infant Death:	0	2	4	1	3	0	0	0	10	0.01%
Grief -Miscarriage:	0	13	7	11	15	1	1	0	48	0.05%
Housing:	334	6,882	8,265	5,265	3,202	1,199	715	190	26,052	28.95%
Initial Intake:	126	2,391	3,400	2,373	1,351	597	180	72	10,490	11.65%
Legal:	77	1,278	1,791	1,289	719	332	91	25	5,602	6.22%
Life Skills:	1,047	9,117	8,820	6,520	3,546	1,465	698	126	31,339	34.82%
Medical/Health:	777	9,700	11,380	8,499	4,957	2,064	660	200	38,237	42.48%
Mental Health:	34	463	692	336	206	75	18	8	1,832	2.04%

## Counseling/Referral Summary

## All Sites

7/1/2012 - 6/30/2013 TOTAL

Counseling/Referral	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Nutrition:	817	6,600	7,037	5,203	3,197	1,279	407	110	24,650
Other:	437	10,065	12,472	9,554	5,623	2,600	1,130	259	42,140
Pantry Needs:	74	1,595	3,022	2,519	1,511	675	223	70	9,689
Parenting Skills:	639	8,897	12,132	9,367	5,527	2,289	1,074	327	40,252
Post Delivery Stress:	37	608	845	574	383	114	37	17	2,615
Pregnancy Counseling & Info:	337	4,775	5,337	3,474	1,996	845	233	72	17,069
Relationship:	643	8,475	9,496	5,984	3,161	1,361	462	177	29,759
STD Risks & Information:	174	1,898	2,185	1,333	814	336	85	48	6,873
Stress Management:	357	4,487	4,935	3,813	2,240	1,021	366	82	17,301

## Classes Assistance Summary

## All Sites

7/1/2012 - 6/30/2013 TOTAL

Class/Assistance	<16	16-20	21-25	26-30	31-35	36-40	41-45	>45	Total	
Chastity Class:	0	22	19	8	5	1	2	0	57	0.06%
Childbirth Class:	85	1,007	879	846	315	76	11	46	3,265	3.63%
Parenting Class:	82	3,510	6,314	4,164	2,298	1,410	467	60	18,305	20.34%
Pregnancy Class:	77	1,299	1,878	1,472	1,089	460	114	40	6,429	7.14%
Family Support Class:	30	390	552	785	400	124	20	7	2,308	2.56%
In-House Clothing:	134	2,705	4,497	4,139	2,186	935	267	102	14,965	16.63%
In-House Food:	65	1,272	2,096	2,040	1,158	471	157	63	7,322	8.14%
In-House Furniture:	47	1,164	2,077	1,902	1,079	473	174	58	6,974	7.75%
Pregnancy Test Kit:	74	1,154	1,398	682	322	140	34	16	3,820	4.24%

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**

**Provider Summary Report**

**7/1/2012 - 6/30/2013 TOTAL**

	Admin Time	Counsel Time	Referral Time	Chastity Class	Childbirth Class	Parent Class	Preg Class	Family Class	Clothing Pantry	Food Pantry	Furn Pantry	Preg Kit	Total
13 Blessed Margaret of Castello Home	0 \$0.00	87,939 \$92,335.95	3,645 \$3,827.25	0 \$0.00	0 \$0.00	59 \$1,239.00	2 \$42.00	0 \$0.00	261 \$522.00	97 \$194.00	142 \$284.00	0 \$0.00	\$98,444.20
	Total Time: \$96,163.20						Total Class: \$1,281.00				Total Pantry: \$1,000.00		
14 Catholic Charities/Erie	0 \$0.00	116,297 \$122,111.85	512 \$537.60	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	1,422 \$2,844.00	497 \$984.00	27 \$54.00	3 \$31.50	\$126,572.95
	Total Time: \$122,649.45						Total Class: \$0.00				Total Pantry: \$3,892.00		
15 Catholic Charities/Greensburg	0 \$0.00	1,180 \$1,239.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	5 \$10.00	1 \$2.00	0 \$0.00	6 \$63.00	\$1,314.00
	Total Time: \$1,239.00						Total Class: \$0.00				Total Pantry: \$12.00		
16 Catholic Charities/Harrisburg	0 \$0.00	203,446 \$213,618.30	4,285 \$4,499.25	0 \$0.00	0 \$0.00	731 \$15,351.00	39 \$819.00	0 \$0.00	195 \$390.00	92 \$184.00	80 \$160.00	6 \$63.00	\$235,084.55
	Total Time: \$218,117.55						Total Class: \$16,170.00				Total Pantry: \$734.00		
07 Catholic Charities/Pittsburgh	0 \$0.00	113,550 \$119,227.50	581 \$610.05	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	1,058 \$2,116.00	599 \$1,198.00	705 \$1,410.00	27 \$283.50	\$124,845.05
	Total Time: \$119,837.55						Total Class: \$0.00				Total Pantry: \$4,724.00		
08 Catholic Charities/Allentown	0 \$0.00	63,677 \$66,860.85	6,312 \$6,627.50	0 \$0.00	0 \$0.00	622 \$13,062.00	431 \$9,051.00	0 \$0.00	395 \$790.00	204 \$408.00	124 \$248.00	41 \$430.50	\$97,477.95
	Total Time: \$73,488.45						Total Class: \$22,113.00				Total Pantry: \$1,446.00		
09 Catholic Social Services/Philadelphia	0 \$0.00	268,718 \$282,153.90	28,606 \$30,036.30	6 \$126.00	0 \$0.00	5,161 \$108,381.00	4,709 \$98,889.00	1,503 \$31,563.00	2,469 \$4,938.00	601 \$1,202.00	641 \$1,282.00	21 \$220.50	\$558,791.70
	Total Time: \$312,190.20						Total Class: \$238,959.00				Total Pantry: \$7,422.00		

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**  
**Calls By County By Age**  
**7/1/2012 - 6/30/2013**

County	State	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Unknown	Total
<b>Pennsylvania Counties</b>											
Adams	PA	1	0	0	0	0	0	0	0	1	2
Allegheny	PA	0	0	1	3	0	1	0	0	4	9
Beaver	PA	0	0	0	2	0	0	0	2	2	6
Berks	PA	1	0	4	0	1	0	0	0	0	6
Bucks	PA	0	0	1	0	0	0	0	0	1	2
Butler	PA	0	0	1	0	0	0	0	0	0	1
Chester	PA	0	1	1	0	0	0	0	0	0	2
Clearfield	PA	1	0	2	0	0	0	0	0	2	5
Cumberland	PA	0	0	2	1	1	1	0	0	1	6
Dauphin	PA	1	1	2	3	0	1	0	1	5	14
Delaware	PA	0	0	0	1	0	0	0	1	2	4
Elk	PA	0	0	0	0	0	0	0	0	1	1
Erle	PA	0	0	0	0	0	0	0	1	1	2
Fayette	PA	0	0	1	0	0	0	0	0	0	1
Franklin	PA	0	0	0	0	0	0	0	0	1	1
Lackawanna	PA	0	0	2	0	0	0	0	0	1	3
Lancaster	PA	0	0	0	0	0	0	0	0	2	2
Lawrence	PA	0	2	0	0	0	0	0	0	0	2
Lebanon	PA	0	0	0	0	0	0	0	0	2	2
Lehigh	PA	0	3	1	1	0	0	1	0	2	8
Luzerne	PA	0	0	0	0	0	0	1	0	1	2
McKean	PA	0	0	0	0	0	0	1	0	0	1
Montgomery	PA	0	1	2	2	1	0	0	2	1	9
Perry	PA	0	0	0	0	0	0	0	0	2	2
Philadelphia	PA	0	5	2	7	1	0	1	0	27	43
Potter	PA	0	1	1	0	0	0	0	0	0	2
Schuylkill	PA	0	0	0	1	0	0	0	0	1	2
Unknown	PA	0	0	1	0	0	1	0	1	16	19
Warren	PA	0	0	0	1	0	0	0	0	1	2
Washington	PA	0	1	0	1	0	0	0	0	0	2
Wayne	PA	0	0	0	0	0	0	0	0	1	1
Westmoreland	PA	0	2	0	0	0	0	0	0	0	2
York	PA	0	1	3	1	1	0	0	0	2	8

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**  
**Calls Referred or Patched By Provider**

7/1/2012 - 6/30/2013

Provider	Referral Info	Patches Called	Total
Project Info/Other	3	0	3
	66	0	66
A Woman's Concern, Inc.	2	0	2
Alternatives, yes	0	1	1
CC/Allentown-Allentown	5	0	5
CC/Allentown-Pottsville	3	0	3
CC/Allentown-Reading	3	0	3
CC/Erie-Bradford	1	0	1
CC/Erie-Clearfield	2	1	3
CC/Erie-Warren	2	0	2
CC/Greensburg-Greensburg	1	0	1
CC/Harrisburg-Lourdeshouse	2	1	3
CC/Harrisburg-York	4	0	4
CC/Pittsburgh-Lawrence	1	0	1
CC/Pittsburgh-Monaca	5	0	5
CC/Pittsburgh-Roselia	4	0	4
CC/Pittsburgh-Washington	1	0	1
CORA/Chew Avenue	4	0	4
CORA/Verree Road	4	0	4
CSS/Philadelphia-Adoption	7	0	7
CSS/Philadelphia-Casa Del Carmen	1	0	1
CSS/Philadelphia-Chester City	2	0	2
CSS/Philadelphia-Family Service Center	3	0	3
CSS/Philadelphia-Levittown	2	0	2
CSS/Philadelphia-Norristown	3	2	5
CSS/Philadelphia-Northeast Family Center	4	0	4
CSS/Philadelphia-Phil. Family Services	1	0	1
CSS/Philadelphia-Springfield	1	0	1
CSS/Philadelphia-West Chester	2	0	2
CSS/Scranton-Carbondale	1	0	1
CSS/Scranton-East Stroudsburg	1	0	1
CSS/Scranton-Hazleton	2	0	2
CSS/Scranton-Milford	1	0	1
CSS/Scranton-Scranton	2	0	2
Genesis Center	1	0	1
Genesis-Washington	1	0	1
Heartbeat Community Services	1	0	1
Lifeline of SWPA-Butler	1	0	1
Lifeline of SWPA-Downtown	1	0	1

## GRANT GOALS AND OBJECTIVES STATUS

GOALS	OBJECTIVE	METHOD	MEASURE	TIME	STATUS
1 To promote childbirth as a viable and positive alternative to abortion and empower women throughout the Commonwealth facing unplanned or crisis pregnancies to choose childbirth rather than abortion.	To identify and provide grants to social service agencies, pregnancy centers, adoption agencies and maternity homes statewide that offer core services.	<ul style="list-style-type: none"> <li>-Contact all previous pregnancy centers, adoption agencies and maternity homes, notifying them of the continuation of the Department of Public Welfare grant requirements, and inviting participation.</li> <li>-Encourage previous pregnancy centers, adoption agencies and maternity homes to open more centers in areas without services or in need of more services.</li> <li>-Seek out new pregnancy centers, adoption agencies and maternity homes using personal contacts, pro-life resources, and advertising.</li> </ul>	<ul style="list-style-type: none"> <li>-Numbers of Service Providers participating in the program.</li> <li>-Number of clients served.</li> <li>-Number of clients counseled who indicate they have decided to choose childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>-To have participating Service Providers (95 centers) in Fiscal Year 12-13.</li> <li>-Enroll new Service Providers throughout the length of the contract to serve more women.</li> </ul>	As of June 30, 2013, there were 29 Service Providers (95 alternatives to abortion centers).
Continue to implement a statewide advertising campaign including television, radio, other secondary media and community awareness booths to inform all women in Pennsylvania that alternative to abortion services are available.	<ul style="list-style-type: none"> <li>-Contract advertising and exhibition of Real Alternatives' community awareness booth.</li> </ul>	<ul style="list-style-type: none"> <li>-Number of women served per year as a consequence of an extensive advertising campaign.</li> </ul>	<ul style="list-style-type: none"> <li>-Advertise the length of the contract.</li> </ul>	<ul style="list-style-type: none"> <li>-To have participating Service Providers (95 centers) in Fiscal Year 12-13.</li> <li>-Enroll new Service Providers throughout the length of the contract to serve more women.</li> </ul>	<ul style="list-style-type: none"> <li>-To have participating Service Providers (95 alternatives to abortion centers).</li> <li>-Between July 1, 2012 and June 30, 2013 19,326 eligible clients (14,967 State/ 4,245 Federal/ 16 DOH paid as Other Funding) clients received service at 90,005 appointments (70,011 State/ 15,645 Federal/ 30 DOH paid as State / 0 Non-Reimbursed and 319 Other Funding) clients.</li> </ul>
P.A. School Nurses in Middle and Elementary Schools statewide were faxed forms to order free How at Risk Are You? Pamphlets and What are Your Chances? bookmarks that		<p>Community Awareness Booth was exhibited at 6 statewide conferences and between July 1 and June 30, 2013.</p> <p>Bulk program information was provided to attendees at 6 statewide conferences free of charge. PA Permanency Statewide Adoption Network Conference, Fire Rally for Catholic Youth in York, PA, Real Alternatives Annual Service Provider Statewide Educational Conference, PA Head Start Conference, Highmark Walk for Healthy Communities and The PA DOHs PA Immunization Conference.</p>			

## GRANT GOALS AND OBJECTIVES STATUS

<p>Illustrate the risks of getting STDs. A sampling of orders for program client items from organizations included the Keystone College Health Fair, Maternity Care Coalition offices in Philadelphia and Pottstown, Bucks County Head Start, FIRE Rally for 600 Catholic high school students, John Hants High School, nurses from King's Academy in Mohrsville, PA and Ches Penn Health Services.</p> <p>Miracle of Life English and Spanish version DVDs that promote the childbirth choice and the 1-888-LIFE AID hotline were ordered by a variety of program counselors and service provider sites for use with clients.</p> <p>The Real Alternatives' Service Providers' Annual Conference was held Thursday March 21 at the Holiday Inn Harrisburg-Hershey, Granville, PA. Approximately 120 service providers and staff attended.</p> <p>The one day event of workshops included "Growing Your Center in Difficult Times", "Reaching the '18-25 Generation", "Updates on Abortion Procedures &amp; Abortion-contraceptives" and "Gaining Personal Strategies" (counseling clients on achieving a healthy, holistic sexual lifestyle). Keynote speaker was Deputy Secretary for PA DPPV Ms. Lourdes Padilla.</p>	<p>Continue to facilitate the use of centers that provide alternative to abortion services by advertising and operating the Toll-Free Referral System (1-888-LIFE-AID).</p>	<p>-Continue present Toll-Free Referral System offering alternatives to abortion services.</p> <p>-Number of callers counselled and referrals made to service providers.</p> <p>-Continue to provide day/week coverage in Fiscal Year 12-13.</p> <p>-Expand hours as needed throughout the contract.</p>
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## GRANT GOALS AND OBJECTIVES STATUS

Objectives	Activities	Measures	Status
2 To provide support to women experiencing unplanned or crisis pregnancies during their pregnancy and for 12 months after birth.	To continue to provide core services consisting of information and counseling and necessary support services and related support services.	-Continue and expand present services provider network of pregnancy centers, adoption agencies and maternity homes providing alternative to abortion services.	<p>To supported.</p> <p>-Number of women throughout the life of the contract.</p> <p>-Continuous throughout the life of the contract.</p> <p>From July 1, 2012 through June 30, 2013, 19,293 clients (14,976 State/ 4,233 Federal/ 16 DOH paid as State / 0 Non-Reimbursed and 68 Other Funding) clients served between July 1, 2012 and June 30, 2013, indicated they felt supported physically, mentally, and emotionally from the service (99.83% of clients reporting).</p>
3 To assist women in achieving improved reproductive health.	Provide information on the advantages of abstinence to avoid unintended pregnancies and sexually transmitted diseases.	<ul style="list-style-type: none"> <li>-Offer abstinence/chastity skills counseling, referrals, and classes.</li> <li>-Provide information on risks of sexually transmitted diseases.</li> </ul> <p>-Number of clients receiving abstinence/chastity skills counseling.</p> <p>-Number of clients attending abstinence/chastity classes.</p>	<p>-Continuous throughout the length of the contract.</p> <p>From July 1, 2012 through June 30, 2013, counseled to 7,362 clients (5,998 State/ 1,329 Federal/ 10 DOH paid as State / 0 Non-Reimbursed and 25 Other Funding) clients and abstinence/ resistance skills classes taught to 33 clients (31 State/ 0 Federal/ 0 DOH paid as State / 0 Non-Reimbursed and 0 Other Funding) clients.</p>
4 To assist women in developing sound parenting skills.	Provide information, counseling, and classes on parenting skills.	<ul style="list-style-type: none"> <li>-Offer parenting skills counseling, referrals, and classes.</li> <li>-The number of clients attending parenting classes.</li> <li>-The number of clients counseled on parenting skills.</li> </ul>	<p>-Continuous throughout the length of the contract.</p> <p>From July 1, 2012 through June 30, 2013, parenting counseled to 16,025 clients 33,038 State/ 7,114 Federal/ 16 DOH paid as State/ 0 Non-Reimbursed and 63 Other Funding) clients and parenting classes taught to 1,746 clients (1,525 State/ 205 Federal/ 01 DOH paid as State/ 0 Non-Reimbursed and 14 Other Funding) clients.</p>
5 To increase awareness of adoption as an option for women with an unintended pregnancy.	Provide accurate information on adoption.	<ul style="list-style-type: none"> <li>-Provide information and training on adoption to Service Providers.</li> <li>-The number of sites receiving adoption training.</li> <li>-The number of times adoption is counseled to women-in-need.</li> </ul>	<p>-Provide recurring training throughout the length of the contract.</p> <p>Adoption counseled to 2,151 clients (1,675 State/ 460 Federal/ 02 DOH paid as State, 0 Non-Reimbursed and 14 Other Funding) client from July 1, 2012 through June 30, 2013.</p>

From: Broessel, Kristi (DCH)  
Sent: Tuesday, October 29, 2013 7:57 AM  
To: 'Kevin I. Bagatta, Esquire'  
Subject: RE: Answers

I will try to schedule a conference call this week and will let you know the time. Thank you.

From: Kevin I. Bagatta, Esquire [mailto:[ra-president@comcast.net](mailto:ra-president@comcast.net)]  
Sent: Monday, October 28, 2013 4:06 PM  
To: Broessel, Kristi (DCH)  
Subject: Answers

Hi Kristi:

We would like to discuss these answers with you and the person at the program area who asked them so we can completely convey the social services program we operate. Could we set up a conference call?

Thanks,

Kevin

Following is information that I received from our program area regarding the proposed documents that you shared with me. Please let me know if you are able to make these modifications to your documents to incorporate the items that Michigan would like to see in your Statement of Work. I will have the budget crosswalk to you by Friday.

Thank you for submitting Attachment E Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program for Michigan and your program description and budget format.

We have reviewed the Statement of Work and have a few items we would like for you to address. There are four concerns regarding monitoring and on-going assurance quality of care. They are listed in numbers one through four (1-4) below. Also, DFCH requested demographic as well as client specific data reporting to allow for monitoring and evaluating the performance and outcomes of the program's first year providing positive pregnancy support for women keeping an unexpected pregnancy. These reporting elements were not addressed they are listed in number five (5) below:

1. It appears that program operations will be administered and monitored from the corporate office in Pennsylvania. Monitoring of Michigan programs is described as: securing provider assurances, making initial and annual site visits, and monitoring of billing for services submissions. Please describe the indicators to be used for the initial and annual site visits that assure compliance with program objectives and assure that quality services provided.

The review of Service Provider facilities and procedures ensures ability to meet and continued compliance with Program requirements. It also provides an opportunity to exchange ideas, recommendations and Program planning to improve client services. If a Service Provider site does not comply with any of the Program requirements, deficiencies are noted, and a corrective action plan must be implemented. Deficiencies relating to incorrect or improper billing methods may result in loss of reimbursement. There may be other issues that will require follow-up, but may not be deficiencies or program violations. There are several phases of the site monitoring process.

Typically, the first step is the Interview portion, which is a time to review Policy and Procedure Manuals, corporate documents, discuss policy issues, program operations, client service issues and staff/volunteer training. The second portion of the Site Monitoring involves a Physical Inspection of the facility, during which counseling areas, waiting area,

lavatories, and fire safety issues are checked. In addition, literature may be scanned, and certain items are checked to see if they are posted for easy client or staff reference. The concluding stage of the process is a review of a random sampling of Client Files to ensure that the billing requirements are being met. Any Spiritual Counseling Request Forms will also be reviewed on-site. Each monitoring typically takes three (3) to four (4) hours for the entire site monitoring.

Corporate records in the nature of their Mission Statement, Articles of Incorporation, By-Laws and their Non-Profit status are reviewed. An organizational chart is obtained to ensure an ongoing stable structure. On an annual basis, each Service Provider must provide their most current versions of their Policy & Procedure Manual, Counselor training plan and materials, Board of Directors list, Non-Discrimination Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/Contraception Policy; and a blank client intake form.

The Confidentiality Policy is also reviewed, and information is obtained on staff training, assessment, and ongoing training. Of particular importance, all current counselor State Police and Childline Clearances are reviewed to ensure compliance (we require each counselor to have a child abuse clearance check every year). Client services are assessed both during the interview phase and by actually reviewed the random sample of client records. The internal grievance policy is also reviewed to ensure that the client have a means to report any improprieties they may encounter. The required Limited English Proficiency policy is discussed and assessed, and the Spiritual Counseling requirements are reviewed for strict compliance. Compliance with the adoption policy requirement of a separate adoption counselor is also ensured during the Site Monitoring. The Service Provider site being reviewed is also asked to list the various services they provide and have available to their clients on an ongoing basis. We determine the primary means through which clients are referred to them, as well as their primary referral resources. Compliance with the client self-administered pregnancy tests requirements is also evaluated. All educational materials used at the site are discussed and any required certifications by outside entities are provided.

During the walk-around review of the facility itself, confidentiality for the clients is a primary concern. Handicap accessibility is evaluated, and we ensure that all client files are maintained in locked file cabinets. Matters like lavatory cleanliness, exit signs, no smoking signs, updated fire extinguishers and working smoke detectors are also evaluated. If a pantry is on-site it is visited to ensure that it is organized and that everything appears to be in good order.

During the review of clients forms, any signed Spiritual Counseling Request forms are also reviewed to ensure compliance with the Spiritual Counseling guidelines. The actual client forms are reviewed in detail to ensure that a real person signed as the client for each and every visit, and that appropriate services were rendered and billed for under the Program. If any client fails to sign or date the form, the request for reimbursement for that visit is rejected. Any Service Provider website and Yellow Pages ads are reviewed to ensure that no misleading information is being conveyed to the public. Any significant issues are discussed with the Vice President of Real Alternatives for a determination as to what steps must be taken to ensure full compliance.

2. The description of services to be provided include: crisis counseling around pregnancy decisions; pregnancy support; parenting education and support; and referrals provided by "trained counselors" who are degreed, non-degreed, or volunteer. Quality assurance of services described seems to rely on submission and evaluation of counselor training materials and policy and procedure manuals, and submission of billing for services. Please describe quality standards that will be used to evaluate counselor training materials and policy and procedure manuals.

The potential Service Provider organizations will be required to submit a full copy of their non-degreed counselor training materials that explain how they prepare a non-degreed counselor to provide pregnancy support services. The training materials must contain their counseling skills training and not just guidance on how to complete Program forms, how to assist with pantry items, etc. Counselor training materials vary widely depending upon the type of organization and its' size. Real Alternatives Potential Service Provider Reviewers are trained to be alert to any training guidelines/materials that encourage a counselor to act or fail to act contrary to our Program Mission, rules, policies and procedures, i.e., with regard to abortion, contraception, religion, graphic abortion materials, adoption, etc. The Reviewers "flag" any concerns in the organization's training practices that fail or seem to fail to meet our high standards developed over 17 years. Such concerns are then discussed with members of the Real Alternatives Executive Staff.

As for Policy and Procedure manuals, there must be an indication in writing that any such manuals were approved by the organization's Board of Directors and the date they were approved. A Board Member must sign off on that representation. Reviewers are trained to be acutely aware of any policies or procedures that are out-of-line with the Program Mission, Program standards and rules, and any applicable contracts. All policies (Spiritual Issues, Confidentiality, Nondiscrimination, Standard Release of Information, Contraception, Limited English Proficiency, Sexual Harassment, etc.) are reviewed in depth to ensure they comply with the Program mission, standards and rules. In addition, updates must be submitted to Real Alternatives for review and approval and they are checked at each Site Monitoring too.

3. Attachment E states that service providers will be required to maintain referral lists to organizations providing care to mothers and infants. It does not describe how the quality of these referral sources will be assured. Please describe how referral organization performance will be evaluated, such as through a process of client feedback, referral responses, etc.

Referral Lists are required for multiple reasons. First, it is to ensure that each Service Provider Organization has taken appropriate steps to be prepared to serve clients who come to them with essential and beneficial referrals when necessary. It is also to ensure that the Service Provider Organizations have made a good faith effort to ensure that their referral organizations are pro-life also. They are required to regularly take the steps necessary to ensure that their referral resources continue to be pro-life. The evaluation of the referral resources is the responsibility of the Service Provider Organizations to ensure that they continue to comply with the client services requirement. Information concerning referral sources is obtained at each Site Monitoring.

4. The attachment E Statement of work does not address a process for identifying client needs in the areas of pregnancy support, maternal support, or parenting support needs. The statement also does not address case management or follow-up activities to assure completion of referrals or on-going work with clients of the program. Please describe how these essential elements of support services will be monitored and assured.

When a client arrives at a service provider site, initial crisis intervention counseling occurs. At that time, the counselor evaluates the client needs as they are presented during the counseling session. We track whether the client felt Supported during the crisis, chose Childbirth, improved their Parenting Skills, increased Adoption knowledge, and improved health due to decrease in risky lifestyle.

1. DFCH requested client specific data reporting for the purposes of monitoring and evaluating the program outcomes as this is a pilot project where we hope to be able to demonstrate positive outcomes resulting from program activity. This data is required to monitor successful outcomes. Please include these in Attachment E.

Required reporting includes Quarterly report of:

a. The number of pregnant women served:

i. By zip code of residence at time of enrollment

[We presently track this by county by age – we would have to reprogram to track this report by zip code – additional cost would be incurred]

ii. By estimated weeks of gestation at enrollment

[We presently do not capture this data – significant reprogram would be required.]

iii. By family income, based on federal poverty level tables

[Though we capture this data, we presently do not report this – we would have to reprogram to report this – additional cost would be incurred]

iv. By race (White; African American; Native American; Asian; multi-racial; and

unknown/not declared)

[Though we capture this data, we presently do not report this – we would have to reprogram to report this – additional cost would be incurred ]

v. By ethnicity (Hispanic; Non-Hispanic)

[Though we capture this data, we presently do not report this – we would have to reprogram to report this – additional cost would be incurred]

b. The number of parents served:

i. By zip code of residence at time of enrollment

[Though we capture this data, we presently do not report this data – we would have to reprogram to report this – additional cost would be incurred]

ii. By estimated weeks of gestation at time of enrollment or by infant age if enrolled after birth

[We presently do not capture this data – significant reprogramming and cost would be required.]

iii. By family income, based on federal poverty level tables

[Though we capture this data, we presently do not report this data – additional cost would be required]

iv. By race (White; African American; Native American; Asian; multi-racial; and unknown/not declared) [OK]

v. By ethnicity (Hispanic; Non-Hispanic) [OK]

c. Report of number of outreach activities by type:

i. Telephone enrollment [We do not enroll by telephone.]

ii. Hotline calls from Michigan [OK]

iii. Face-to-face outreach activities [OK]

iv. Public Information activities [OK]

d. Report of referrals with completed linkage to care

i. Number and types of completed referrals for pregnant women

[We track number of clients attending pre-natal care medical appointments]

ii. Number and types of completed referrals for infant care/parenting education/or support

[We track number of clients bringing baby to pediatric appointments and the number of clients whose babies are up to date with immunizations.]

e. Report of number of infants born to women in care and birth outcome

[We track how many clients indicated they were going to choose childbirth.]

Required monthly report to State of Michigan Single Sign On:

a. Women and infants served by name, delivery date and birthdate, residential Zip Code at time of delivery. This allows data to be matched with birth or death certificates to evaluate outcomes.

We need to discuss this requirement. Finding out and reporting clients' names would be a significant breach of confidentiality and would keep women from seeking out services if they learn they are not confidential. In some cases, this could also be very dangerous for them as often upset boyfriends, husbands or parents are trying to pressure them into having an abortion. We don't track delivery dates, birthrates and zip codes at time of delivery. As a typical social services program, many times clients return for just a few visits and there would be no way of determining this information. If it's only obtained for a limited number of clients, the data/outcomes would be skewed and of no use.

Kevin I. Bagatta, Esquire

President & CEO

Real Alternatives

7810 Allentown Blvd. Ste. 304

Harrisburg, PA 17112

717-541-7832

[www.RealAlternatives.org](http://www.RealAlternatives.org)<<http://www.RealAlternatives.org>>

[www.LoveFacts.org](http://www.LoveFacts.org)<<http://www.LoveFacts.org>>

[www.ConcernedParents.com](http://www.ConcernedParents.com)<<http://www.ConcernedParents.com>>

Real Alternatives was awarded the Seal of Excellence for successfully completing the Standards of Excellence certification program sponsored by the Pennsylvania Association of Nonprofit Organizations (PANO). This certification identifies Real Alternatives as an ethical and accountable organization dedicated to the highest level of excellence within the nonprofit sector.

## Derman, Barbara (DHHS)

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**From:** Derman, Barbara (DCH)  
**Sent:** Tuesday, November 05, 2013 9:58 AM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** Draft Real Alternatives Attachment E  
**Attachments:** DRAFTReal Alternatives Attachment E- Statement of Work 2014.doc  
  
**Importance:** High

I sent this draft on Sunday afternoon, but the subject line wasn't clear. I think you may want to review so we can get it to Kristi soon -----Original Message-----

From: Derman, Barbara (DCH)  
Sent: Sunday, November 03, 2013 4:20 PM  
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
Cc: Derman, Barbara (DCH)  
Subject: FW: Real Perspectives: Answers

Good morning Paulette and Brenda

Greetings from Atlanta! I worked on this Friday afternoon, but wanted to look it over before I sent it to you to read before you send it on to Kristi. I just went over it and I think I have captured what we agreed to on the conference call on Friday morning. I took the original Attachment E that Real Alternatives sent to us and added in the items he agreed to on Friday and removed the items from our correspondence that we agreed to let go of. I have highlighted the portions that I thought you might need to be sure I am capturing what we agreed. For example I think you may have said that we wanted to know about numbers of referrals to WIC and MIHP, so I added that in. I removed any requirement of "completed linkage to care" and just put in what they said they already track in terms of PN care, pediatric care, Immunization status. I will have access to email tomorrow and will be flying home in the evening, so can make a change if you need.

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**From:** Derman, Barbara (DCH)  
**Sent:** Friday, November 01, 2013 3:12  
**To:** Derman, Barbara (DCH)  
**Subject:** FW: Real Perspectives: Answers

Barbara (Quess) Derman, MSW  
Public Health Consultant  
Women's Reproductive Health  
PO Box 3019S, 109 W. Michigan Ave.  
Lansing, Michigan 48909  
Phone: S17-33S-8696 Fax: S17-33S-8822  
Cell: S17-449-S968 DermanB@michigan.gov  
**From:** Broessel, Kristi (DCH)  
**Sent:** Thursday, October 31, 2013 1:51 PM  
**To:** Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
**Subject:** Real Perspectives: Answers

This is the information that I sent to them from Paulette and they provided some responses for our consideration. Please let me know if you want to have the phone meeting with me at 8:30 tomorrow morning. Thank you.

## Attachment E – Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program

By November 1S, 2013 submit to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) the Pregnancy and Parenting Support Services Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services?
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

### *Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the initial counseling session.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical home, social services, and other supports as required and available.
  - e. Client feedback is obtained to assure client support during crisis and counseling interventions
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.

- a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.
  - a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
  - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
    - i. Referrals for prenatal and pediatric care,
    - ii. Referrals for a medical home
    - iii. Referrals for social services organizations and support services such as:
      - i. WIC, other nutrition programs, Local MIHP, local DHS, Local health department, adoption agencies, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
  - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service requirements.
  - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
  - a. Are a nonprofit organization with 501(c)3 tax exempt status
  - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
  - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
  - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion

- e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
- g. Are nondiscriminatory
- h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
- i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
- j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
- k. Agree to serve all eligible clients, including those with Limited English Proficiency
- l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
- m. Maintain client confidentiality
- n. Will submit their counselor training materials, and policies and procedures manual for evaluation
- o. Do not charge a fee for services to eligible clients.
- p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:

- a. Initial and annual site monitoring of Service Provider sites including the following:
  - i. Interview portion: Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy); Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training; Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status); Review of program operations (including, Client intake form, Client services, Primary client referral sources, Provider referral resource list, Pregnancy test requirements, Client educational materials, and Staff/volunteer training procedures)
  - ii. Site Inspection portion: Inspection of facility including: waiting area, counseling areas, lavatories, fire safety procedures and equipment, review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.
  - iii. Review of randomly selected client files for accuracy of billing.
- b. Assure accurate record-keeping of client eligibility
- c. Assure accurate submission of billing forms
- d. Assure all services are provided in a respectful and non-judgmental manner

- i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
  - ii. Assure all services are provided with appropriate cultural sensitivities
- e. Assure financial accountability through program site monitoring.
- f. Ongoing assurance measures include: (1) a corrective action plan process is in place for any non-compliance issues identified on site monitoring. (2) Policy manual updates must be submitted to Real Alternatives for review and approval and are checked at subsequent site monitoring.

8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:

- a. Monitoring activities completed;
- b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
- c. Technical assistance provided;
- d. Follow-up on site monitor findings for Service Providers;
- e. Direct service activities such as information/services provided or referrals made;
- f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities; and
- g. Total Department Grant funds expended, by funding source, on Grantee administrative services.
- h. The number of pregnant women served, by their county of residence, and their age reported by the following age groups:
  - 1. Less than 16 years old;
  - 2. 16 years old through 20 years old;
  - 3. 21 years old through 25 years old;
  - 4. 26 years old through 30 years old;
  - 5. 31 years old through 35 years old;
  - 6. 36 years old through 40 years old;
  - 7. 41 years old through 45 years old;
  - 8. 46 years old and older.
- i. The number of pregnant women served by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
- j. Number of pregnant women served by ethnicity, by county, by age (Hispanic, non-Hispanic)
- k. The number of visits by clients by county, by age, by type of visit;
- l. The number of hours of counseling and education provided, by Service Provider;
- m. Report of number of outreach activities for Michigan by type:
  - a. Hotline calls from Michigan and number of subsequent referrals to Service Providers
  - b. Face-to-face outreach activities in Michigan
  - c. Public Information activities in Michigan
- n. Report number of Service Provider referrals by type:
  - a. Prenatal care providers
  - b. Pediatric care providers

- c. WIC
- d. MIHP providers
- o. Report of client outcomes
  - a. Number of clients indicating they are choosing childbirth
  - b. Number of clients keeping prenatal care appointments
  - c. Number of clients keeping pediatric care appointments
  - d. Number of clients with infants up to date in immunizations

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Wednesday, November 13, 2013 8:13 AM  
**To:** Derman, Barbara (DHHS)  
**Cc:** Fink, Brenda (DCH); Lightning, Jeanette (DCH)  
**Subject:** Re: Real Alternatives Response Urgent! Assignment Due Wednesday 11 am

Thank you Quess. Other than needing to tweak the part about MIHP and family planning this is just what is needed. I will edit that part when I arrive this morning and get this response on its way. Appreciate your quick through response. Thank you.

Sent from my iPhone

On Nov 12, 2013, at 6:21 PM, "Derman, Barbara (DHHS)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)> wrote:

*Hi Poulette,*  
*I just reviewed the email chain below including the concerns raised by Ms. Mastee, of the Michigan Catholic Conference. I also reviewed Attachment E that we sent forward following the phone conversation with Kevin Bogatto of Real Alternatives. I hope the following addresses the concerns that were raised by Ms Mastee.*

It appears that Ms. Mastee, of the Michigan Catholic Conference, is under the impression that the MIHP program provides family planning services including contraceptives and abortifacients. She also expressed a concern that DCH is requiring that Real Alternative service providers develop a referral arrangement with the local MIHP program. Neither are the case.

MIHP providers are not health care providers; they are support service professionals: licensed nurses, social workers, infant mental health specialists or registered dietitian. The services that the MIHP program provides are limited to: psychosocial and nutritional assessment; development of an individualized client care plan; intervention services, such as education, counseling, and referral to community services, such as mental health or substance abuse; arranging transportation for health care, substance abuse treatment, support services, or other pregnancy-related appointments, as needed. MIHP professionals provide these services in the client's home or in the office. They do not provide any clinical services, such as family planning.

Family planning is among the education topics that MIHP providers may cover. Should a client choose, the MIHP professional may refer her to a family planning provider. The MIHP program brochure includes answering questions about family planning as a service that could be provided. Please see the attached MIHP program brochure for clients:

[http://www.michigan.gov/documents/mdch/MIHP\\_Provider\\_Brochure-DCH-1417\\_393193\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Provider_Brochure-DCH-1417_393193_7.pdf)

and the MIHP program brochure for providers:

[http://www.michigan.gov/documents/mdch/MIHP\\_Provider\\_Brochure-DCH-1417\\_393193\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Provider_Brochure-DCH-1417_393193_7.pdf)

Ms. Mastee expressed concern that the contract being negotiated with DCH would require a referral to the local MIHP program. In DCH's telephone conversation with Mr. Bagatta we discussed the social service and public health network here in Michigan and described both WIC and the MIHP program in detail and indicated that we would envision the Real Alternatives service providers working with these programs to benefit their clients as needed. We did not indicate that referrals to MIHP would be

required, though we did list it as an important social service program for Medicaid eligible pregnant women in Michigan. Please note the wording in section 5. of Attachment E of the proposed contract:

- a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
  - i. Referrals for prenatal and pediatric care,
  - ii. Referrals for a medical home
  - iii. Referrals for social services organizations and support services such as:
    - i. WIC, other nutrition programs, Local MIHP or other home visiting programs, local Department of Human Services, local health department, adoption agencies, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs, or transportation services as needed.

*Barbara (Quess) Derman, MSW*

Public Health Consultant

Women's Reproductive Health

PO Box 30195, 109 W. Michigan Ave.

Lansing, Michigan 48909

Phone: 517-335-8696 Fax: 517-335-8822

Cell: 517-449-5968 [DermanB@michigan.gov](mailto:DermanB@michigan.gov)

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**From:** Dunbar, Paulette Dobynes (DCH)

**Sent:** Tuesday, November 12, 2013 4:37 PM

**To:** Derman, Barbara (DCH); Flnk, Brenda (DCH)

**Cc:** Lightning, Jeanette (DCH)

**Subject:** FW: For discussion when we meet on Friday - Real Alternatives Response Urgent Assignment  
Due Wednesday 11 am

**Importance:** High

Quess, would you start to prepare a response. I will get you the accurate information on MIHP. I am pretty sure we said "may refer." I recall reviewing that segment especially to be consistent with our discussion. Note due to Stan Wednesday Noon. So can we review at 11 am?

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**From:** Fink, Brenda (DCH)

**Sent:** Tuesday, November 12, 2013 4:05 PM

**To:** Dunbar, Paulette Dobynes (DCH)

**Subject:** FW: For discussion when we meet on Friday

**Importance:** High

Can you provide the response to this one—it comes out of the p/c we had with the Real Alternatives person in PA. I don't know what brochure they are referring to???? We didn't say they have to refer, did we---I think we said we want to be sure they make the woman aware of the program (and presumably would help with a referral if she needed it). We also did say that once they send us the geographic coverage areas, we would let MIHP providers know they are in the area, that meeting each other would be a good idea re: collaboration, and that MIHP's can make women area of it and/or collaborate if a woman wants to be involved in both. Note Stan wants this tomorrow by noon . . . ! This doesn't seem like it needs that kind of urgency, but maybe it's as easy to respond as to ask for more time?

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@michigan.gov](mailto:finkb@michigan.gov)

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**From:** Bien, Stan (DCH)  
**Sent:** Tuesday, November 12, 2013 3:02 PM  
**To:** Fink, Brenda (DCH)  
**Cc:** Reinhart, Denise (DCH)  
**Subject:** Fwd: For discussion when we meet on Friday

Brenda  
Good afternoon.

Please review and draft a response for me to review by Wed. Noon.  
Call me as needed.  
Thanks

Stan Bien - Sent from my iPhone

Begin forwarded message:

**From:** "Brim, Melanie B. (DCH)" <[BrimM@michigan.gov](mailto:BrimM@michigan.gov)>  
**Date:** November 12, 2013, 2:SS:08 PM EST  
**To:** "Bien, Stan (DCH)" <[biens@michigan.gov](mailto:biens@michigan.gov)>  
**Subject:** FW: For discussion when we meet on Friday

Stan,

Please review the dialogue below. Could you help with a response? Thanks.

Melanie

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**From:** Ruest, Karla (DCH)  
**Sent:** Tuesday, November 12, 2013 2:S2 PM  
**To:** Brim, Melanie B. (DCH)  
**Subject:** Fwd: For discussion when we meet on Friday

Melanie,

Please see the email below. Is it a requirement that the MIHP program has to provide family planning, birth control and abortifacients?

If not, is there a possibility of requesting the MIHP program look at referring clients to the new Real Alternatives Program?

Sent from my iPad

Begin forwarded message:

**From:** Rebecca Mastee <[rmastee@micatholic.org](mailto:rmastee@micatholic.org)>  
**Date:** November 12, 2013, 1:58:56 PM EST  
**To:** "Ruest, Karla (DCH)" <[RuestK@michigan.gov](mailto:RuestK@michigan.gov)>  
**Cc:** Tom Hickson <[thickson@micatholic.org](mailto:thickson@micatholic.org)>  
**Subject:** For discussion when we meet on Friday

Hi Karla –

We just wanted to meet to touch base with you again on Real Alternatives and give you an update. Thank you for planning to meet with us for coffee on Friday morning. I just wanted to give you a little info about one of the topics we'd like your thoughts on.

I understand that the contract negotiation process between Real Alternatives in PA and DCH is continuing quite well, which is exciting! However, there is one concern that has arisen that we wanted to talk with you about. It concerns a request by the Department for Real Alternatives service providers to refer to those who participate in the Maternal Infant Health Program (MIHP). From the program brochure, it appears that MIHP provides family planning counseling and birth control, including abortifacients. This raises a real concern for Real Alternatives and also for their service providers, who would be in conflict with their charters should they have to refer to organizations or physicians who counsel for and provide abortifacients.

We look forward to your thoughts on this. If any questions arise before our meeting, please let me know and I will do my best to ensure we have the answers for you when we meet.

Thanks so much!

**Rebecca J. Mastee, J.D.**  
Policy Advocate  
Michigan Catholic Conference  
510 S. Capitol Ave  
Lansing, MI 48933  
o (517) 372-9310 x3584  
c (517) 614-4858  
[rmastee@micatholic.org](mailto:rmastee@micatholic.org)

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Wednesday, November 13, 2013 2:37 PM  
**To:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: For discussion when we meet on Friday - Real Alternatives

Thank you Quess. We knew we were getting the right person to help with this sensitive area even though we have to rant among ourselves to release the stress so we can do our jobs diplomatically. We will keep up our team work.

-----Original Message-----

From: Fink, Brenda (DCH)  
Sent: Wednesday, November 13, 2013 2:34 PM  
To: Derman, Barbara (DCH); Dunbar, Paulette Dobynes (DCH)  
Subject: RE: For discussion when we meet on Friday - Real Alternatives

Yes, exactly. They see the words, and don't even try to understand. It's so totally frustrating. This response was just really well done.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
finkb@michigan.gov

-----Original Message-----

From: Derman, Barbara (DCH)  
Sent: Wednesday, November 13, 2013 2:31 PM  
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
Subject: RE: For discussion when we meet on Friday - Real Alternatives

I think this is a good response. We are clear about MIHP and we certainly were not requiring them to refer to the local MIHP. Nothing we can do if they leap to conclusions every time they see the term family planning. If they only understood how very careful FP folks are that services are entirely voluntary and never coercive. (ok no more ranting)  
Thanks

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From: Dunbar, Paulette Dobynes (DCH)  
Sent: Wednesday, November 13, 2013 12:31 PM  
To: Fink, Brenda (DCH); Bien, Stan (DCH)  
Cc: Derman, Barbara (DCH)  
Subject: RE: For discussion when we meet on Friday - Real Alternatives

Brenda and Stan this is our response to the expressed concerns:

It appears that Ms. Mastee, of the Michigan Catholic Conference, is under the impression that the MIHP program provides family planning services including contraceptives and abortifacients. She also expressed a concern that DCH is

## Derman, Barbara (DHHS)

**From:** Fink, Brenda (DCH)  
**Sent:** Wednesday, November 13, 2013 12:36 PM  
**To:** Dunbar, Paulette Dobynes (DCH); Bien, Stan (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: For discussion when we meet on Friday - Real Alternatives

Perfect, Quess and Paulette—great finalized version. Thanks. Stan, let Karla know to connect with us if there are more questions.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@michigan.gov](mailto:finkb@michigan.gov)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Wednesday, November 13, 2013 12:31 PM  
**To:** Fink, Brenda (DCH); Blen, Stan (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: For discussion when we meet on Friday - Real Alternatives  
**Importance:** High

Brenda and Stan this is our response to the expressed concerns:

It appears that Ms. Mastee, of the Michigan Catholic Conference, is under the impression that the MIHP program provides family planning services including contraceptives and abortifacients. She also expressed a concern that DCH is requiring that Real Alternative service providers develop a referral arrangement with the local MIHP program. Neither are the case.

MIHP is a Medicaid service where the providers deliver support services to promote health pregnancy outcomes and healthy infant growth and development. The MIHP program does not provide family planning services nor abortifacients. The staffs are support service professionals: licensed nurses and social workers, infant mental health specialists or registered dietitian. The services that the MIHP program provides are: psychosocial and nutritional screening; health education, counseling, and referral to identified need services such as mental health or substance abuse treatment, arranging transportation for health care services, referral for housing and support services, or other pregnancy-related appointments, as needed. MIHP professionals provide these services in the client's home or in the office. They do not provide any clinical services, such as family planning.

Family planning is among the education topics that MIHP providers may cover. The MIHP program brochure includes answering questions about family planning as a service for her reproductive health plan after the current pregnancy. Should a client choose, the MIHP professional may refer her to a family planning provider. Please see the attached MIHP program brochure for clients:

[http://www.michigan.gov/documents/mdch/MIHP\\_Provider\\_Brochure-DCH-1417\\_393193\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Provider_Brochure-DCH-1417_393193_7.pdf)

and the MIHP program brochure for providers:

[http://www.michigan.gov/documents/mdch/MIHP\\_Provider\\_Brochure-DCH-1417\\_393193\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Provider_Brochure-DCH-1417_393193_7.pdf)

Ms. Mastee expressed concern that the contract being negotiated with DCH would require a referral to the local MIHP program. In DCH's telephone conversation with Mr. Bagatta we discussed the social service and public health network

**Derman, Barbara (DHHS)**

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**From:** Derman, Barbara (DCH)  
**Sent:** Thursday, November 14, 2013 1:16 PM  
**To:** Scott-Wirt, Della (DCH)  
**Subject:** Accepted: Discuss the revised Statement of Work with Real Alternatives

## **Derman, Barbara (DHHS)**

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**From:** Derman, Barbara (DCH)  
**Sent:** Friday, November 15, 2013 12:40 PM  
**To:** Scott-Wirt, Della (DCH)  
**Subject:** RE: Discuss the revised Statement of Work with Real Alternatives

I have it on my calendar

*Barbara (Quess) Derman, MSW*  
Public Health Consultant  
Women's Reproductive Health  
PO Box 30195, 109 W. Michigan Ave.  
Lansing, Michigan 48909  
Phone: 517-335-8696 Fax: 517-335-8822  
Cell: 517-449-5968 DermanB@michigan.gov

-----Original Appointment-----

**From:** Dunbar, Paulette Dobynes (DCH) **On Behalf Of** Scott-Wirt, Della (DCH)  
**Sent:** Friday, November 15, 2013 11:30 AM  
**To:** Derman, Barbara (DCH)  
**Subject:** FW: Discuss the revised Statement of Work with Real Alternatives  
**When:** Monday, November 18, 2013 4:00 PM-S:00 PM (GMT-0S:00) Eastern Time (US & Canada).  
**Where:** Conference Call

Do you have this appointment on your calendar. It looks like things are settled.

-----Original Appointment-----

**From:** Scott-Wirt, Della (DCH)  
**Sent:** Thursday, November 14, 2013 1:00 PM  
**To:** Scott-Wirt, Della (DCH); Broessel, Kristi (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)  
**Cc:** Root, Rhonda (DCH); Hennessey, Diane (DCH)  
**Subject:** Discuss the revised Statement of Work with Real Alternatives  
**When:** Monday, November 18, 2013 4:00 PM-S:00 PM (GMT-0S:00) Eastern Time (US & Canada).  
**Where:** Conference Call

Call in number: 877-873-8018

Access Code: 42496S3

## **Derman, Barbara (DHHS)**

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**Subject:** FW: Discuss the revised Statement of Work with Real Alternatives  
**Location:** Conference Call

**Start:** Mon 11/18/2013 4:00 PM  
**End:** Mon 11/18/2013 5:00 PM  
**Show Time As:** Tentative

**Recurrence:** (none)

**Meeting Status:** Not yet responded

**Organizer:** Scott-Wirt, Della (DCH)

Would it be helpful for me to get a room for us to do this call?

-----Original Appointment-----

**From:** Scott-Wirt, Della (DCH)  
**Sent:** Thursday, November 14, 2013 1:00 PM  
**To:** Scott-Wirt, Della (DCH); Derman, Barbara (DCH); Broessel, Kristi (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Root, Rhonda (DCH); Hennesey, Diane (DCH)  
**Subject:** FW: DIsccuss the revised Statement of Work with Real Alternatives  
**When:** Monday, November 18, 2013 4:00 PM-5:00 PM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** Conference Call

Do you have this appointment on your calendar. It looks like things are settled.

-----Original Appointment-----

**From:** Scott-Wirt, Della (DCH)  
**Sent:** Thursday, November 14, 2013 1:00 PM  
**To:** Scott-Wirt, Della (DCH); Broessel, Kristi (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)  
**Cc:** Root, Rhonda (DCH); Hennesey, Diane (DCH)  
**Subject:** Discuss the revised Statement of Work with Real Alternatives  
**When:** Monday, November 18, 2013 4:00 PM-5:00 PM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** Conference Call

Call in number: 877-873-8018

Access Code: 4249653

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, November 15, 2013 3:05 PM  
**To:** Broessel, Kristi (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: Real Alternatives - SOW

Oh Kristi, what words are we using that is causing such misunderstanding?

WIC and the other providers do NOT receive Title X funds and do NOT provide family planning services. Only Title X Family Planning providers do that and they are not listed as referral sources. We really do understand the need not to include Title X providers and services in this program.

We will review the concerns and be prepared for answering the questions.

Appreciate clarification what the continuing issues are. Thanks a bunch for the heads up.

-----Original Message-----

**From:** Broessel, Kristi (DCH)  
**Sent:** Friday, November 15, 2013 2:57 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** Real Alternatives - SOW

Following are the concerns that Kevin relayed to me that are the topics for our discussion with him on Monday. I am available 15 to 30 minutes prior if you need to have a pre-meeting discussion.

Major Concern:

Referral Providers such as WIC Centers and others are providing program services and receiving Title X funding which is contrary to the mission of Real Alternatives. Is there a list of non-Title X funding providers that they may use to refer women to for support services?

Other Concerns:

8.c. What do we mean by "client service requirements" . Do we mean that the services that the referral agency provides are good or that the service requirements meet the client needs? Other?

7. a. i. and ii. Is this too much detail for the statement of work? Real Alternatives will collect information at this level. Is this subject to reporter or FOIA request?

8.h., i. j. It is requirement specific to pregnant women as they collect data on pregnant women, women after birth with a parenting crisis, and women who think they may be pregnant.

8.m.b. Need to remove requirement as they do not have enough funding for face-to-face outreach. They plan to conduct outreach through mail, email, and their hotline/helpline as an alternative.

8.n. c.&d. - These items appear to be included information requested in a. & b.

Please let me know if you have any questions. Thank you for your willingness to participate in Monday's conference call.

Sent from my iPad

## Derman, Barbara (DHHS)

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**From:** Derman, Barbara (DCH)  
**Sent:** Friday, November 15, 2013 6:26 PM  
**To:** Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH); Broessel, Kristi (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Real Alternatives - SOW  
**Attachments:** FamilyPlanningClinicDirectory 9.13.doc; Real Alternatives Attachment E- Statement of Work 2014 Final DRAFT.doc

I have gone through the questions/concerns raised by Mr. Bagatta and suggested answers to them (see in red) . These are just my thoughts. I have attached the copy of Attachment E and highlighted the areas of his concern for this discussion. I also attached the complete list of Title X funded agencies, since he seems concerned to know what agencies his providers could "safely" refer and avoid referring to Title X. Much easier for him to have the finite list of Title X than the multitude of "non-Title X" agencies.

-----Original Message-----

From: Broessel, Kristi (DCH)  
Sent: Friday, November 15, 2013 2:57 PM  
To: Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
Subject: Real Alternatives - SOW

Following are the concerns that Kevin relayed to me that are the topics for our discussion with him on Monday. I am available 15 to 30 minutes prior if you need to have a pre-meeting discussion.

### Major Concern:

Referral Providers such as WIC Centers and others are providing program services and receiving Title X funding which is contrary to the mission of Real Alternatives. Kevin appears to have a misunderstanding of Title X funding and Michigan's use of those funds.

Title X funding in Michigan only goes to family planning providers or is used by the MDCH program for training for family planning providers and staff and for monitoring the operations of the delegate agencies. Title X funds are not used for any other programs. There are 34 agencies that receive Title X funds and they are required to use those funds exclusively to provide family planning services or provide education about family planning. The federal statute prohibits use of Title X funds in non-family planning programs and prohibits using Title X funds for abortions. Michigan's family planning program strictly monitors its delegate agencies to assure compliance with Title X regulations.

The 34 agencies that receive Title X funding operate a total of 102 family planning clinical sites throughout Michigan. These are the only sites that have Title X funds in Michigan and they only provide family planning services with these funds. A number of the agencies that operate family planning clinics with Title X funds are local public health departments, which also operate separate programs such as: environmental health services, immunization clinics, STD clinics, WIC offices, or MIHP programs. They must not intermingle these funds and they must operate these programs separately. So referring to a WIC or an MIHP program in a local health department that also operated a family planning clinic would not compromise the Real Alternatives mission or commitment not to refer to a program that provides contraceptives. All Title X clinics have separate spaces.

WIC and MIHP do not receive Title X funds and do not provide family planning services. Only Title X Family Planning providers do that and they are not listed as referral sources in Real Alternatives Attachment E. We understand that Title X family planning providers and services will not be referral providers for this program.

Is there a list of non-Title X funding providers that they may use to refer women to for support services? Given that the Title X program is so small and finite in its services, it is easier to provide Kevin with a directory of Title X Family Planning sites than it would be to list all the many programs that do not have Title X funding. I have attached the Michigan directory of Title X programs.

Other Concerns:

5.c. What do we mean by "client service requirements". Do we mean that the services that the referral agency provides are good or that the service requirements meet the client needs? Other? We took this language from Kevin's email response to our question asking him to describe the process for evaluating the quality of the referral lists maintained by the service providers. We asked him to describe how referral organization performance would be evaluated. Kevin's response was, "the evaluation of the referral resources is the responsibility of the service provider organizations to assure they continue to comply with the client services requirement. Information concerning referral sources is obtained at each site monitoring." So we incorporated his response as 5.c. and 5.d. Our concern is that there is a quality assurance process in place. We did not question his terminology, and used his language.

7. a. i. and ii. Is this too much detail for the statement of work? Real Alternatives will collect information at this level. Is this subject to reporter or FOIA request? We Included this level of detail to assure quality of care. We did not include any details other than those quality issues Kevin described in his email describing the Real Alternatives monitoring program. Again we used Kevin's language describing what they already do to assure quality and provider compliance. We took seriously him comment on the phone that we needed to write down what we expect of the program. We also respected that he is already doing these quality measures and did not add to them.

8.h., i. j. It is requirement specific to pregnant women as they collect data on pregnant women, women after birth with a parenting crisis, and women who think they may be pregnant. We could certainly add a section for reporting new mothers who are served in the program. I would recommend we make it a separate from the pregnancy support numbers.

8.m.b. Need to remove requirement as they do not have enough funding for face-to-face outreach. They plan to conduct outreach through mail, email, and their hotline/helpline as an alternative. This makes sense. If they do not plan to do face-to-face outreach activities, we should remove it as a reported item.

8.n. c. & d. - These items appear to be included information requested in a. & b. No, 8. n. a. & b. refer to referrals for prenatal and pediatric care. These are health care providers. Items 8. N. c. & d. refer to referrals for WIC and MIHP which are key maternal and infant support service programs. They are not clinical health care services. Both medical care and support services are crucial to improving birth and parenting outcomes.

Please let me know if you have any questions. Thank you for your willingness to participate in Monday's conference call.

Sent from my iPad

*Barbara (Quess) Derman, MSW*  
Public Health Consultant  
Women's Reproductive Health  
PO Box 30195, 109 W. Michigan Ave.  
Lansing, Michigan 48909  
Phone: 517-335-8696 Fax: 517-335-8822  
Cell: 517-449-5968 [DermanB@michigan.gov](mailto:DermanB@michigan.gov)

## Attachment E – Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program

By November 30, 2013 submit to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) the Pregnancy and Parenting Support Services Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services?
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

### *Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the initial counseling session.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical home, social services, and other supports as required and available.
  - e. Client feedback is obtained to assure client support during crisis and counseling interventions
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.

- a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
- 3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.
  - a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
  - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
- 4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.
- 5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
    - i. Referrals for prenatal and pediatric care,
    - ii. Referrals for a medical home
    - iii. Referrals for social services organizations and support services such as:
      - i. WIC, other nutrition programs, Local MIHP or other home visiting programs, local Department of Human Services, local health department, adoption agencies, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs, or transportation services as needed.
  - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
  - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service requirements.
  - d. Information concerning referral resources will be obtained at each site Monitoring.
- 6. Assure that program vendor Service Providers:
  - a. Are a nonprofit organization with 501(c)3 tax exempt status
  - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
  - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
  - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
  - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices

- f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
- g. Are nondiscriminatory
- h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
- i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
- j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
- k. Agree to serve all eligible clients, including those with Limited English Proficiency
- l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
- m. Maintain client confidentiality
- n. Will submit their counselor training materials, and policies and procedures manual for evaluation
- o. Do not charge a fee for services to eligible clients.
- p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:

- a. Initial and annual site monitoring of Service Provider sites including the following:
  - i. Interview portion: Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy); Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training; Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status); Review of program operations (including, Client intake form, Client services, Primary client referral sources, Provider referral resource list, Pregnancy test requirements, Client educational materials, and Staff/volunteer training procedures)
  - ii. Site Inspection portion: Inspection of facility including: waiting area, counseling areas, lavatories, fire safety procedures and equipment, review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.
  - iii. Review of randomly selected client files for accuracy of billing.
- b. Assure accurate record-keeping of client eligibility
- c. Assure accurate submission of billing forms
- d. Assure all services are provided in a respectful and non-judgmental manner
  - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
  - ii. Assure all services are provided with appropriate cultural sensitivities
- e. Assure financial accountability through program site monitoring.
- f. Ongoing assurance measures include: (1) a corrective action plan process is in place for any non-compliance issues identified in administrative or on site monitoring; (2) policy manual updates must be submitted to Real Alternatives for review and approval and are checked at subsequent site monitoring.

8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:

- a. Monitoring activities completed;
- b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
- c. Technical assistance provided;
- d. Follow-up on site monitoring findings for Service Providers;
- e. Direct service activities such as information/services provided or referrals made;
- f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities; and
- g. Total Department Grant funds expended, by funding source, on Grantee administrative services.
- h. The number of pregnant women served, by their county of residence, and their age reported by the following age groups:
  - 1. Less than 16 years old;
  - 2. 16 years old through 20 years old;
  - 3. 21 years old through 25 years old;
  - 4. 26 years old through 30 years old;
  - 5. 31 years old through 35 years old;
  - 6. 36 years old through 40 years old;
  - 7. 41 years old through 45 years old;
  - 8. 46 years old and older.
- i. The number of pregnant women served by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
- j. Number of pregnant women served by ethnicity, by county, by age (Hispanic, non-Hispanic)
- k. The number of visits by clients by county, by age, by type of visit;
- l. The number of hours of counseling and education provided, by Service Provider;
- m. Report of number of outreach activities for Michigan by type:
  - a. Hotline calls from Michigan and number of subsequent referrals to Service Providers
  - b. Face-to-face outreach activities in Michigan
  - c. Public Information activities in Michigan
- n. Report number of Service Provider referrals by type:
  - a. Prenatal care providers
  - b. Pediatric care providers
  - c. WIC (Women, Infants and Children's Supplemental Food Program)
  - d. MIHP providers (Maternal and Infant Health Program)
- o. Report of client outcomes
  - a. Number of clients indicating they are choosing childbirth
  - b. Number of clients keeping prenatal care appointments
  - c. Number of clients keeping pediatric care appointments
  - d. Number of clients with infants up to date in immunizations

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Family Planning Association of Allegan County</b> Contact: Erin Radke <u>eradke@allegancaounty.org</u> Phone: (269) 686-4560 Fax: (269) 673-1937	<b>Allegan Co.</b> 3255 122 <sup>nd</sup> Ave., Ste. 200 Allegan, Michigan 49010 Ph: (269) 686-4560
<b>Bay County Health Department</b> Coordinator: Kathleen Janer <u>janerk@baycounty.net</u> Phone: (989) 895-2018 Fax: (989) 895-4014	<b>Bay</b> 1200 Washington Avenue Bay City, Michigan 48708 Phone: (989) 895-4015 Fax: (989) 892-2438
<b>Benzie/Leelanau District Health Department</b> Coordinator: Michelle Klein <u>mklein@bldhd.org</u> (231) 633-9544 Fax: (231) 256-7399	<b>Benzie</b> 6051 Frankfort Hwy., Ste. 100 Benzonia, Michigan 49616 Phone: (231) 882-2126 Fax: (231) 882-2204  <b>Leelanau</b> 7401 E. Duck Lake Road, Ste. 100 Lake Leelanau, Michigan 49653 Phone: (231) 256-0200 Fax: (231) 256-0225
<b>Berrien County Health Department</b> Coordinator: Peggy Hamel, Coordinator <u>phamel@bchdmi.org</u> Phone: (269) 927-5650 Fax: (269) 926-8129	769 Pipestone, Box 706 Benton Harbor, Michigan 49022-0706 Phone: (269) 926-7121 Fax: (269) 926-8129  1205 N. Front Street Niles, Michigan 49120 Phone: (269) 684-2800 x. 6529  21 N. Elm Street Three Oaks, Michigan 49128 Phone: (269) 756-2008
<b>Central Michigan District Health Department</b> Coordinator: Debi Harvey, RN <u>DHarvey@cmdhd.org</u> (989) 426-9431 x8328 Fax: (989) 426-6952	<b>Isabella</b> 2012 E. Preston Avenue Mt. Pleasant, Michigan 48858 (989) 773-5921  <b>Arenac</b> 3727 Deep River Road Standish, Michigan 48658 (989) 846-6541  <b>Clare</b> Courthouse 225 W. Main Harrison, Michigan 48625 (989) 539-6731

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Central Michigan District Health Dept. (con'td)</b>	<b>Gladwin</b> 103 N. Bowery Gladwin, Michigan 48624 (989) 426-9431  <b>Osceola</b> 4329 220 <sup>th</sup> Avenue Reed City, Michigan 49677 (231) 832-5532  <b>Prudenville</b> 1015 Short Drive PO Box 739 Prudenville, Michigan 48651 (989) 366-9166
<b>Chippewa County Health Department</b> Coordinator: Renee Crays <a href="mailto:rcrays@chippewahd.com">rcrays@chippewahd.com</a> (906) 635-3591 Fax: (906) 253-1466	508 Ashminn Street, Suite 120 Sault Ste. Marie, Michigan 49783 (906) 635-3588 Fax: (906) 635-1701
<b>Institute for Population Health</b> Coordinator: Jane Nickert <a href="mailto:jnickert@ipophealth.org">jnickert@ipophealth.org</a> 313-324-9710 Fax: (313) 324-9709	<b>Considine Center</b> 8904 Woodward Avenue Detroit, MI 48202 313-324-9482  <b>Northeast Health Center</b> 5400 East 7 Mile Road Detroit, MI 48234
<b>Public Health Delta &amp; Menominee Counties</b> Coordinator: Deb Poquette <a href="mailto:dpoquette@phdm.org">dpoquette@phdm.org</a> (906) 789-8123 Fax: (906) 789-8149	<b>Menominee</b> 909 Tenth Avenue Menominee, Michigan 49858 (906) 863-4451  <b>Escanaba</b> 2920 College Avenue Escanaba, Michigan 49829 (906) 789-4111
<b>Dickinson-Iron District Health Dept.</b> Coordinator: Barbara Peterson <a href="mailto:bpeterson@hline.org">bpeterson@hline.org</a> (906) 265-4187 Fax: (906) 265-2950	<b>Iron</b> 601 Washington Avenue Iron River, Michigan 49935 (906) 265-4817

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Dickinson-Iron District Health Dept.</b>	<b>Dickinson</b> 818 Pyle Drive Kingsford, Michigan 49802 (906) 779-7243
<b>District Health Department No. 2</b> Coordinator: Marsha Schnautz <a href="mailto:mschnautz@dhd2.org">mschnautz@dhd2.org</a> (989) 345-5020 ext. 1708 Fax: (989) 343-1899	<b>Ogemaw</b> 630 Progress Street West Branch, Michigan 48661 (989) 345-5020  <b>Alcona</b> 311 Lake Street PO Box 218 Harrisville, Michigan 48740 (989) 724-6757  <b>Iosco</b> 420 W. Lake Street PO Box 98 Tawas City, Michigan 48764-0098 (989) 362-6183  <b>Oscoda</b> 393 S. Mt. Tom Road Mio, Michigan 48647 (989) 826-3970
<b>District Health Department No. 4</b> Coordinator: Roseanne Schultz <a href="mailto:rschultz@hline.org">rschultz@hline.org</a> (989) 356-4507 Fax: (989) 356-3529	<b>Alpena</b> 100 Woods Circle, Suite 200 Alpena, Michigan 49707 (989) 356-4507 Fax: (989) 356-3529  <b>Cheboygan</b> 825 S. Huron Street Cheboygan, Michigan 49721 (231) 627-8850  <b>Montmorency</b> PO Box 183 12519 State Street Atlanta, Michigan 49709 (989) 785-4428  <b>Presque Isle</b> 151 E. Huron Street PO Box 236 Rogers City, Michigan 49779 (989) 734-4723

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
TITLE X FAMILY PLANNING  
CLINIC DIRECTORY**

**District Health Department No. 10**

Coordinator: Sarah Oleniczak  
[soleniczak@dhd10.org](mailto:soleniczak@dhd10.org)  
(231) 316-8652  
Fax: (231)845-0438

**Crawford**

202 Meadows Drive  
Grayling, Michigan 49738  
(989) 348-7800

**Kalkaska**

625 Courthouse Drive  
Kalkaska, Michigan 49646  
(231) 258-8669

**Lake County**

5681 S. M-37  
Baldwin, Michigan 49304  
(231) 745-4663

**Manistee**

385 Third Street  
Manistee, Michigan 49660  
(231) 723-3595

**Mason**

916 Diana Street  
Ludington, Michigan 49431  
(231) 845-7381

**Mecosta**

14485 Northland Drive  
Big Rapids, Michigan 49307  
(231) 592-0130

**Missaukee**

6180 W. Sanborn Road, Ste. 1  
Lake City, Michigan 49651  
(231) 839-7167

**Newaygo County**

PO Box 850  
1049 Newell Street  
White Cloud, Michigan 49349  
(231) 689-7300

**Oceana County**

3986 N. Oceana Drive  
Hart, Michigan 49420  
(231) 873-2193

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>District Health Department No. 10 (con't)</b>	<b>Wexford</b> 521 Cobbs Street Cadillac, Michigan 49601 (231) 775-9942
<b>Genesee County Health Department</b> Coordinator: Toni McCrum <u><a href="mailto:tmccrum@gchd.us">tmccrum@gchd.us</a></u> (810) 237-4544 Fax: (810) 237-4595	<b>G</b> 3373 S. Saginaw Street Burton, Michigan 48529 810/237-4544
<b>Grand Traverse County Health Department</b> Coordinator: Martha Thorell <u><a href="mailto:mthorell@grandtraverse.org">mthorell@grandtraverse.org</a></u> (231) 922-2743 Fax: (231) 922-2719	2325 Garfield, N Suite A Traverse City, Michigan 49686  112 S. Brownson Kingsley, MI 49649
<b>Huron County Health Department</b> Coordinator: Mitzi Koroleski, RN <u><a href="mailto:mkoroleski@hchd.us">mkoroleski@hchd.us</a></u> (989) 269-9721 x122 Fax: (989) 269-4181	1142 VanDyke Bad Axe, Michigan 48413
<b>Ingham County Health Department</b> Coordinator: Patricia Garcia <u><a href="mailto:pgarcia@ingham.org">pgarcia@ingham.org</a></u> (517) 887-4405 Fax: (517) 887-4403	5303 S. Cedar Lansing, Michigan 48909 517/887-4305
<b>Lenawee County Health Department</b> Coordinator: Patty Gray <u><a href="mailto:plgray@hline.org">plgray@hline.org</a></u> (517) 264-5233 Fax: (517) 266-7804	1040 S. Winter Street Suite 2328 Adrian, Michigan 49221
<b>Luce-Mackinac-Alger-Schoolcraft</b> Coordinator: Debbie Hoder <u><a href="mailto:dhoder@lmasadhd.org">dhoder@lmasadhd.org</a></u> (906) 293-5107 x322 Fax: (906) 293-5453	14150 Hamilton Lake Road Newberry, MI 49868  E9526 Prospect Street Munising, MI 49862  749 Hoinbach Street St. Ignace, MI 49781  300 Walnut Street, Rm 155 Manistique, MI 49854

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Macomb County Health Department</b> Coordinator: Patricia Detrick <u><a href="mailto:Patricia.detrick@macombcountymi.gov">Patricia.detrick@macombcountymi.gov</a></u> (586) 469-2055 Fax: (586) 469-5885	43525 Elizabeth Road Mt. Clemens, MI 48043 586/469-5491  25401 Harper St. Clair Shores, MI 48081 586/469-5491  27690 Van Dyke Warren, MI 48093 586/469-5491
<b>Marquette County Health Department</b> Coordinator: Corrine Brownell <u><a href="mailto:cbrownell@mqtcty.org">cbrownell@mqtcty.org</a></u> (906) 315-2630 Fax: (906) 475-4435	184 East US 41 Hwy Negaunee, MI 49866
<b>Sanilac County Health Dept.</b> Coordinator: Amy Weber <u><a href="mailto:aweber@mckenziehospital.com">aweber@mckenziehospital.com</a></u> (810) 648-3770 x 181 Fax: (810) 648-4645	171 N. Dawson Sandusky, MI
<b>Midland County Health Department</b> Coordinator: Mary MacInnes <u><a href="mailto:mmacinnes@hline.org">mmacinnes@hline.org</a></u> (989) 832-6655 Fax: (989) 832-6628	220 W. Ellsworth Midland, MI 48640
<b>Mid-Michigan District Health Department</b> Coordinator: Wendy Currie <u><a href="mailto:wcurrie@mmdhd.org">wcurrie@mmdhd.org</a></u> (989) 875-1028 Fax: (989) 875-1032	615 N. State, Ste. 2 Stanton, MI 48888 989/831-5237  151 Commerce Drive Ithaca, MI 48847 989/875-3681  1307 E. Townsend Road St. Johns, MI 48879 989/224-2195
<b>Monroe County Health Department</b> Coordinator: Janice Schnorberger <u><a href="mailto:Janice.schnorberger@monroemi.org">Janice.schnorberger@monroemi.org</a></u> (734) 240-7847 Fax: (734) 240-7906	2353 S. Custer Monroe, MI 48161

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<p><b>Health Department of Northwest Michigan</b>  Coordinator: Lisa Peacock, R.N., M.S.N., N.P.  Nurse Practitioner  Health Department of Northwest Michigan  220 W. Garfield  Charlevoix, MI 49720  Phone: 231-308-7801  Fax: 231-547-6238  <a href="http://www.nwhealth.org">www.nwhealth.org</a></p>	<p>220 W. Garfield  Charlevoix, MI 49720  231/547-0091 or 231/547-0295</p> <p>3434 Harbor-Petoskey  Harbor Springs, MI 49740  231/347-3850 or 1-800-432-4121</p> <p>95 Livingston  Gaylord, MI 49735  989/731-1219 or 1-800-432-4121</p> <p>205 Grove  Mancelona, MI 49659  231/587-5052 or 1-800-432-4121</p>
<p><b>Ottawa County Health Department</b>  Coordinator: Connie Kross  <a href="mailto:ckross@mioottawa.org">ckross@mioottawa.org</a>  (616) 396-5266  Fax: (616) 393-5659</p>	<p>12251 James Street  Ste. 500  Holland, MI 49424  (616) 396-5266</p> <p>16920 Ferris  Grand Haven, MI 49417  (616) 846-8360</p> <p>3100 Port Sheldon  Hudsonville, MI 49426  (616) 669-0040</p>
<p><b>Planned Parenthood Centers of West &amp; Northern Michigan</b>  Coordinator: Katherine Humphrey  <a href="mailto:humphreyk@ppwnm.org">humphreyk@ppwnm.org</a>  (616) 774-7005  Fax: (616) 774-0516</p>	<p>425 Cherry Street  Grand Rapids, MI 49503  616/459-3101</p> <p>110 Sauborn Ave., Ste. B  Big Rapids, MI 49307  231/796-8612</p> <p>175 W. Adams  Ionia, Michigan 48846  616/527-3340</p> <p>1135 E. 8<sup>th</sup> Street  Traverse City, Michigan 49686  231/929-1844</p> <p>3491 Byron Center, SW  Wyoming, Michigan 49519  616/531-3070</p>

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Planned Parenthood Centers of West &amp; Northern Michigan</b>	1219 N. Third Street Marquette, Michigan 49855 906/225-5070  1003 Spring Street Petoskey, Michigan 49770 231/347-9692  209 E. Apple Avenue Muskegon, MI 49442 231/724-4415
<b>Planned Parenthood Mid and South Michigan</b> Coordinator: Margaret Holmes <a href="mailto:margaret.holmes@ppmchoice.org">margaret.holmes@ppmchoice.org</a> (734) 926-4805 Fax: (734) 973-0595	3100 Professional Drive Ann Arbor, MI 48104 734/973-0710  1161 E. Napier Benton Harbor, MI 49022 269/926-2042  7900 W. Grand River Road Brighton, MI 48114 810/220-4513  300 N. Clippert Ste. 6 Lansing, MI 48912 517/351-0550  2009 W. Michigan Avenue Jackson, MI 49202 517/784-1700  840 Maus Avenue Ypsilanti, MI 48198 734/485-0144  4229 Cass Avenue Detroit, MI 48201 313/831-7776  2370 W. Stadium Blvd. Ann Arbor, MI 48106 734/929-9480  37625 Ann Arbor Road, Ste. 107 Livonia, Michigan 48150 734/591-6544

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Planned Parenthood Mid and South Michigan</b>	G3371 Beecher Flint, MI 48532 810/238-3631  205 Hintz Road Owosso, MI 48867 989/723-6420  G-1235 S. Center Road Unit 17 Burton, MI 48509 810/743-4490  29350 Van Dyke Avenue Warren, MI 48093 586/558-0101  2650 McLeod Drive Saginaw, MI 48603 989/249-7736
<b>Planned Parenthood Mid and South Michigan</b>	4201 W. Michigan Avenue Kalamazoo, MI 49006  2855 Capital Avenue, SW Battle Creek, MI 49015
<b>Saginaw County Health Department</b> Coordinator: Dawn Shauafelt <a href="mailto:dshanafelt@saginawcounty.com">dshanafelt@saginawcounty.com</a> (989) 758-3853 Fax: (989) 758-3859	1600 N. Michigan Saginaw, MI 48602 989/758-3670  147 S. Saginaw Chesaning, MI 48616 989/845-3911
<b>St. Clair County Health Department</b> Supervisor: Greg Brown <a href="mailto:gbrown@stclaircounty.org">gbrown@stclaircounty.org</a> (810) 987-5300 x 157 Fax: (810) 985-2150	3415 28 <sup>th</sup> Street Port Huron, MI 48060 (810) 987-6108
<b>Taylor Teen Health Center</b> Coordinator: Jeff Cook <a href="mailto:Jeff.Cook@oakwood.org">Jeff.Cook@oakwood.org</a> (734) 287-2076 ext. 221 Fax: (734) 287-2731	19275 Northline Road Southgate, MI 48195

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**TITLE X FAMILY PLANNING**  
**CLINIC DIRECTORY**

<b>Tuscola County Health Department</b> Coordinator: Kristi Villalobos, RN <u>kvillalobos@tchd.us</u> (989) 673-8114 x. 103 Fax: (989) 673-7490	1309 Cleaver Road Suite B Caro, MI 48723
<b>Van Buren-Cass District Health Dept.</b> Coordinator: Mona Hale <u>mhale@vbcassdhd.org</u> (269) 621-3143 Fax: (269) 621-2725	57418 County Road 681 Suite A Hartford, MI 49057 (269) 621-3142  201 M-62 North Cassopolis, MI 49031 (269) 445-5280 Ext. 301
<b>Western UP District Health Department</b> Coordinator: Barbara Auten <u>bauten@hline.org</u> (906) 482-7382 Fax: (906) 482-9410	303 Baraga Avenue L'Anse, MI 49946 906/524-6142  210 N. Moore Bessemer, MI 49911 906/667-0200  540 Depot Street Hancock, MI 49930 906/482-7382  408 Copper Street Ontonagon, MI 49953 906/884-4485

9/2013

## **Derman, Barbara (DHHS)**

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**Subject:** Canceled: Discuss revised statement Real Alternatives  
**Location:** MDCH-WSB-3rdFlr

**Start:** Mon 11/18/2013 4:00 PM  
**End:** Mon 11/18/2013 5:00 PM  
**Show Time As:** Free

**Recurrence:** (none)

**Meeting Status:** Not yet responded

**Organizer:** Derman, Barbara (DCH)  
**Resources:** MDCH-WSB-3rdFlr

**Importance:** High

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, November 22, 2013 10:33 AM  
**To:** Derman, Barbara (DCH)  
**Subject:** FW: Real Alternatives Program Reports  
**Attachments:** Real Alternatives Program Reports.pdf

I am resending to assure you have.

---

**From:** Broessel, Kristi (DCH)  
**Sent:** Thursday, October 31, 2013 7:52 AM  
**To:** Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
**Subject:** FW: Real Alternatives Program Reports

I am forwarding these reports in preparation for our conference call at 9:00 tomorrow. Thank you for reviewing them to see if we can work with them for this pilot program. If this program is funded in future years, perhaps we may be able to request more specialized reports for Michigan.

Please let me know if you would like to have a pre-conference call internal call with me at 8:30. I will be here.

---

**From:** Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]  
**Sent:** Thursday, October 31, 2013 7:45 AM  
**To:** Broessel, Kristi (DCH)  
**Subject:** Real Alternatives Program Reports

Kristi;

I am following-up on your advise to send you copies of our data reporting. Here are the program data reports we currently produce quarterly and annually for Pennsylvania and Texas:

1. Clients Served by Age by County [we could change this to zip code ]
2. Client Visits by Age by County [we could change this to zip code ]
3. Types of Counseling or Referral Provided by Age
4. Types of Classes and Material Assistance provided by Age
5. Hours of Counseling and Education Provided by Service Provider
6. Number of Calls Received on Hotline
7. Number of Referrals by Service Provider on Hotline
8. Grant Goals and Objectives: number of service providers, number of clients served, number of clients indicating childbirth chose
9. Grant Goals and Objectives: advertising actions and venues attended to reach clients
10. Grant Goals and Objectives: number of clients counseled and referred through hotline
11. Grant Goals and Objectives: number of clients stating they felt supported physically, mentally, and emotionally
12. Grant Goals and Objectives: number of clients receiving abstinence/chastity skills through counseling and classes
13. Grant Goals and Objectives: number of clients receiving parenting skills through counseling and classes

## Clients By Age

## All Sites

7/1/2012 - 6/30/2013 TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Adams	3	75	101	43	17	6	1	0	246
Allegheny	28	431	861	911	535	280	94	38	3,178
Armstrong	0	28	48	48	21	5	4	1	155
Beaver	1	48	65	44	40	27	6	0	231
Berks	11	220	346	196	125	39	15	1	953
Blair	0	0	0	1	0	0	0	0	1
Bradford	0	0	0	1	0	0	0	0	1
Bucks	2	49	76	62	45	12	2	2	250
Butler	1	54	132	95	52	21	6	5	366
Cambria	1	10	16	7	8	4	1	1	48
Cameron	0	7	3	6	1	2	1	0	20
Carbon	0	4	22	6	3	4	2	0	41
Centre	0	9	14	10	3	3	1	0	40
Chester	0	5	9	14	6	3	1	0	38
Clarion	0	18	40	28	16	6	6	4	118
Clearfield	8	97	107	89	54	15	5	2	377
Columbia	0	0	0	1	0	0	0	0	1
Crawford	0	9	11	8	5	3	0	0	36
Cumberland	1	44	67	44	20	11	5	1	193
Dauphin	17	331	437	300	127	60	21	9	1,302
Delaware	6	82	174	121	93	48	14	6	544
Elk	8	66	47	63	37	15	3	1	240
Erie	43	519	578	360	161	85	18	10	1,774
Fayette	1	46	65	37	15	10	8	1	183
Forest	0	1	0	0	0	0	0	0	1
Franklin	0	2	1	1	0	0	0	0	4
Greene	0	27	59	26	8	5	2	0	127
Indiana	1	5	1	1	1	0	0	0	9
Jefferson	5	65	50	29	13	3	0	2	167
Juniata	0	0	1	0	0	0	0	0	1
Lackawanna	8	149	270	176	107	47	18	7	782
Lancaster	7	106	180	121	66	30	6	5	521
Lawrence	4	122	202	176	96	46	16	11	673

## Visits By Age

## All Sites

7/1/2012 - 6/30/2013 TOTAL

County	<16	16-20	21-25	26-30	31-35	36-40	41-45	>45	Total
Adams	5	222	242	69	17	16	1	0	572
Allegheny	102	3,087	4,681	3,979	2,307	1,114	356	90	15,716
Armstrong	23	250	356	322	329	49	105	24	1,458
Beaver	5	152	236	222	220	156	52	0	1,043
Berks	50	830	1,300	571	480	130	37	1	3,399
Blair	0	0	0	4	0	0	0	0	4
Bradford	0	0	0	1	0	0	0	0	1
Bucks	8	591	463	347	252	62	13	8	1,744
Butler	11	222	619	337	304	63	23	46	1,625
Cambria	24	56	180	55	49	66	8	13	451
Cameron	0	56	29	35	10	8	1	0	139
Carbon	0	12	237	64	44	46	9	0	412
Centre	0	33	20	24	6	4	3	0	90
Chester	0	12	18	27	25	5	8	0	95
Clarion	0	179	543	416	235	54	114	37	1,578
Clearfield	79	665	352	395	179	42	13	10	1,735
Columbia	0	0	0	2	0	1	0	0	3
Crawford	0	21	24	16	8	5	0	0	74
Cumberland	1	251	102	58	30	13	298	1	754
Dauphin	23	1,222	1,461	723	193	138	348	11	4,119
Delaware	13	832	1,730	667	462	428	41	8	4,181
Elk	122	844	189	347	264	142	23	9	1,940
Erie	83	1,076	1,225	893	326	170	31	29	3,833
Fayette	3	271	389	204	118	66	52	1	1,104
Forest	0	1	0	0	0	0	0	0	1
Franklin	0	2	2	1	0	0	0	0	5
Greene	0	43	109	60	14	37	3	0	266
Huntingdon	0	1	0	0	0	0	0	0	1
Indiana	7	28	1	1	2	0	0	0	39
Jefferson	21	563	193	162	50	17	0	16	1,022
Juniata	0	0	1	0	0	0	0	0	1
Lackawanna	11	1,258	1,118	673	160	102	26	8	3,356

**Counseling/Referral Summary**

**All Sites**

**7/1/2012 - 6/30/2013 TOTAL**

	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Abortion Risks & Info:	43	620	769	435	232	120	26	18	2,263	2.51%
Abstinence/Chastity:	169	1,980	2,322	1,490	868	378	109	46	7,362	8.18%
Abuse (Emotional):	40	462	602	310	232	65	28	5	1,744	1.94%
Abuse (Physical):	31	353	452	259	163	50	25	6	1,339	1.49%
Abuse (Sexual):	18	132	191	92	64	13	8	1	519	0.58%
Adoption Education:	59	691	685	372	231	81	25	7	2,151	2.39%
Anger Management:	428	1,448	803	277	331	75	24	4	3,390	3.77%
Breastfeeding:	507	3,232	3,083	2,179	1,390	537	138	38	11,104	12.34%
Child Care:	592	6,704	9,601	7,830	4,623	1,915	854	315	32,434	36.04%
Childbirth Issues:	349	3,513	3,980	2,686	1,586	631	195	55	12,995	14.44%
Decision Making:	773	9,117	8,356	5,996	3,451	1,597	619	134	30,043	33.38%
Depression:	33	438	643	262	216	66	18	4	1,680	1.87%
Drug/Alcohol:	13	310	401	236	190	60	29	10	1,249	1.39%
Education:	729	6,832	4,622	2,633	1,564	585	138	58	17,161	19.07%
Family Spt: -Birth Father	4	109	306	81	47	24	5	0	576	0.64%
Family Spt: -Boyfriend	1	112	140	74	53	19	0	0	399	0.44%
Family Spt: -Father	3	45	16	5	55	13	0	0	137	0.16%
Family Spt: -Foster Parent	0	4	0	0	0	0	0	0	4	0.00%
Family Spt: -Grandparent	0	40	167	4	5	0	0	0	216	0.24%
Family Spt: -Husband	0	7	111	54	20	6	1	0	199	0.22%
Family Spt: -Lgl Guardian	0	3	0	0	0	0	0	0	3	0.00%
Family Spt: -Mother	26	336	278	61	86	36	0	0	823	0.91%
Family Spt: -Sibling	0	91	111	22	29	28	3	0	284	0.32%
Fetal Development:	368	5,227	6,450	4,357	2,515	970	337	68	20,292	22.55%
Financial/Job:	246	8,006	11,444	8,705	5,221	2,148	1,033	353	37,156	41.28%
Grief -Adoption:	0	11	14	1	2	7	1	0	36	0.04%
Grief -Infant Death:	0	2	4	1	3	0	0	0	10	0.01%
Grief -Miscarriage:	0	13	7	11	15	1	1	0	48	0.05%
Housing:	334	6,882	8,265	5,265	3,202	1,199	715	190	26,052	28.95%
Initial Intake:	126	2,391	3,400	2,373	1,351	597	180	72	10,490	11.65%
Legal:	77	1,278	1,791	1,289	719	332	91	25	5,602	6.22%
Life Skills:	1,047	9,117	8,820	6,520	3,546	1,465	698	126	31,339	34.82%
Medical/Health:	777	9,700	11,380	8,499	4,957	2,064	660	200	38,237	42.48%
Mental Health:	34	463	692	336	206	75	18	8	1,832	2.04%

**Counseling/Referral Summary****All Sites****7/1/2012 - 6/30/2013 TOTAL**

<b>Counseling/Referral</b>	<b>&lt;16</b>	<b>16..20</b>	<b>21..25</b>	<b>26..30</b>	<b>31..35</b>	<b>36..40</b>	<b>41..45</b>	<b>&gt;45</b>	<b>Total</b>	
Nutrition:	817	6,600	7,037	5,203	3,197	1,279	407	110	24,650	27.39
Other:	437	10,065	12,472	9,554	5,623	2,600	1,130	259	42,140	46.82
Pantry Needs:	74	1,595	3,022	2,519	1,511	675	223	70	9,689	10.76
Parenting Skills:	639	8,897	12,132	9,367	5,527	2,289	1,074	327	40,252	44.72
Post Delivery Stress:	37	608	845	574	383	114	37	17	2,615	2.91
Pregnancy Counselling & Info:	337	4,775	5,337	3,474	1,996	845	233	72	17,069	18.96
Relationship:	643	8,475	9,496	5,984	3,161	1,361	462	177	29,759	33.06
STD Risks & Information:	174	1,898	2,185	1,333	814	336	85	48	6,873	7.64
Stress Management:	357	4,487	4,935	3,813	2,240	1,021	366	82	17,301	19.22

## Classes Assistance Summary

## All Sites

7/1/2012 - 6/30/2013 TOTAL

Class/Assistance	<16	16-20	21-25	26-30	31-35	36-40	41-45	>45	Total	
Chastity Class:	0	22	19	8	5	1	2	0	57	0.06%
Childbirth Class:	85	1,007	879	846	315	76	11	46	3,265	3.63%
Parenting Class:	82	3,510	6,314	4,164	2,298	1,410	467	60	18,305	20.34%
Pregnancy Class:	77	1,299	1,878	1,472	1,089	460	114	40	6,429	7.14%
Family Support Class:	30	390	552	785	400	124	20	7	2,308	2.56%
In-House Clothing:	134	2,705	4,497	4,139	2,186	935	267	102	14,965	16.63%
In-House Food:	65	1,272	2,096	2,040	1,158	471	157	63	7,322	8.14%
In-House Furniture:	47	1,164	2,077	1,902	1,079	473	174	58	6,974	7.75%
Pregnancy Test Kit:	74	1,154	1,398	682	322	140	34	16	3,820	4.24%

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**

**Provider Summary Report**

**7/1/2012 - 6/30/2013 TOTAL**

		Admin Time	Counsel Time	Referral Time	Chastity Class	Childbrth Class	Parent Class	Preg Class	Family Class	Clothing Pantry	Food Pantry	Furn Pantry	Preg Kit	Total
13	Blessed Margaret of Castello Home	0 \$0.00	387,939 \$92,335.95	3,645 \$3,827.25	0 \$0.00	0 \$0.00	59 \$1,239.00	2 \$42.00	0 \$0.00	261 \$522.00	97 \$194.00	142 \$284.00	0 \$0.00	\$98,444.20
		Total Time: \$96,163.20						Total Class: \$1,281.00			Total Pantry: \$1,000.00			
14	Catholic Charities/Erie	0 \$0.00	116,297 \$122,111.85	512 \$537.60	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	1,422 \$2,844.00	497 \$994.00	27 \$54.00	3 \$31.50	\$126,572.95
		Total Time: \$122,649.45						Total Class: \$0.00			Total Pantry: \$3,892.00			
15	Catholic Charities/Greensburg	0 \$0.00	1,180 \$1,239.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	5 \$10.00	1 \$2.00	0 \$0.00	6 \$63.00	\$1,314.00
		Total Time: \$1,239.00						Total Class: \$0.00			Total Pantry: \$12.00			
16	Catholic Charities/Harrisburg	0 \$0.00	213,618.30	4,285 \$4,499.25	0 \$0.00	0 \$0.00	0 \$15,351.00	731 \$819.00	39 \$0.00	195 \$390.00	92 \$184.00	80 \$160.00	6 \$63.00	\$235,084.55
		Total Time: \$218,117.55						Total Class: \$16,170.00			Total Pantry: \$734.00			
07	Catholic Charities/Pittsburgh	0 \$0.00	113,550 \$119,227.50	581 \$610.05	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	1,053 \$2,116.00	599 \$1,198.00	705 \$1,410.00	27 \$283.50	\$124,845.05
		Total Time: \$119,837.55						Total Class: \$0.00			Total Pantry: \$4,724.00			
08	Catholic Charities/Allentown	0 \$0.00	63,677 \$66,360.85	6,312 \$6,627.60	0 \$0.00	0 \$0.00	622 \$13,062.00	431 \$9,051.00	0 \$0.00	395 \$790.00	204 \$408.00	124 \$248.00	41 \$430.50	\$97,477.95
		Total Time: \$73,488.45						Total Class: \$22,113.00			Total Pantry: \$1,446.00			
09	Catholic Social Services/Philadelphia	0 \$0.00	268,718 \$282,153.90	28,606 \$30,036.30	6 \$126.00	0 \$0.00	5,161 \$108,381.00	4,709 \$98,889.00	1,503 \$31,563.00	2,469 \$4,938.00	601 \$1,202.00	641 \$1,282.00	21 \$220.50	\$558,791.70
		Total Time: \$312,190.20						Total Class: \$238,959.00			Total Pantry: \$7,422.00			

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**

**Calls By County By Age**

**7/1/2012 - 6/30/2013**

County	State	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Unknown	Total
<b>Pennsylvania Counties</b>											
Adams	PA	1	0	0	0	0	0	0	0	1	2
Allegheny	PA	0	0	1	3	0	1	0	0	4	9
Beaver	PA	0	0	0	2	0	0	0	2	2	6
Berks	PA	1	0	4	0	1	0	0	0	0	6
Bucks	PA	0	0	1	0	0	0	0	0	1	2
Butler	PA	0	0	1	0	0	0	0	0	0	1
Chester	PA	0	1	1	0	0	0	0	0	0	2
Clearfield	PA	1	0	2	0	0	0	0	0	2	5
Cumberland	PA	0	0	2	1	1	1	0	0	1	6
Dauphin	PA	1	1	2	3	0	1	0	1	5	14
Delaware	PA	0	0	0	1	0	0	0	1	2	4
Elk	PA	0	0	0	0	0	0	0	0	1	1
Erie	PA	0	0	0	0	0	0	0	1	1	2
Fayette	PA	0	0	1	0	0	0	0	0	0	1
Franklin	PA	0	0	0	0	0	0	0	0	1	1
Lackawanna	PA	0	0	2	0	0	0	0	0	1	3
Lancaster	PA	0	0	0	0	0	0	0	0	2	2
Lawrence	PA	0	2	0	0	0	0	0	0	0	2
Lebanon	PA	0	0	0	0	0	0	0	0	2	2
Lehigh	PA	0	3	1	1	0	0	1	0	2	8
Luzerne	PA	0	0	0	0	0	0	1	0	1	2
McKean	PA	0	0	0	0	0	0	1	0	0	1
Montgomery	PA	0	1	2	2	1	0	0	2	1	9
Perry	PA	0	0	0	0	0	0	0	0	2	2
Philadelphia	PA	0	5	2	7	1	0	1	0	27	43
Potter	PA	0	1	1	0	0	0	0	0	0	2
Schuylkill	PA	0	0	0	1	0	0	0	0	1	2
Unknown	PA	0	0	1	0	0	1	0	1	16	19
Warren	PA	0	0	0	1	0	0	0	0	1	2
Washington	PA	0	1	0	1	0	0	0	0	0	2
Wayne	PA	0	0	0	0	0	0	0	0	1	1
Westmoreland	PA	0	2	0	0	0	0	0	0	0	2
York	PA	0	1	3	1	1	0	0	0	2	8

**Real Alternatives**  
**The PA Alternative to Abortion Services Program**  
**Calls Referred or Patched By Provider**

7/1/2012 - 6/30/2013

Provider	Referral Info	Patches Called	Total
Project Info/Other	3	0	3
	66	0	66
A Woman's Concern, Inc.	2	0	2
Alternatives.yes	0	1	1
CC/Allentown-Allentown	5	0	5
CC/Allentown-Pottsville	3	0	3
CC/Allentown-Reading	3	0	3
CC/Erie-Bradford	1	0	1
CC/Erie-Clearfield	2	1	3
CC/Erie-Warren	2	0	2
CC/Greensburg-Greensburg	1	0	1
CC/Harrisburg-Lourdeshouse	2	1	3
CC/Harrisburg-York	4	0	4
CC/Pittsburgh-Lawrence	1	0	1
CC/Pittsburgh-Monaca	5	0	5
CC/Pittsburgh-Roselia	4	0	4
CC/Pittsburgh-Washington	1	0	1
CORA/Chew Avenue	4	0	4
CORA/Verree Road	4	0	4
CSS/Philadelphia-Adoption	7	0	7
CSS/Philadelphia-Casa Del Carmen	1	0	1
CSS/Philadelphia-Chester City	2	0	2
CSS/Philadelphia-Family Service Center	3	0	3
CSS/Philadelphia-Levittown	2	0	2
CSS/Philadelphia-Norristown	3	2	5
CSS/Philadelphia-Northeast Family Center	4	0	4
CSS/Philadelphia-Phil. Family Services	1	0	1
CSS/Philadelphia-Springfield	1	0	1
CSS/Philadelphia-West Chester	2	0	2
CSS/Scranton-Carbondale	1	0	1
CSS/Scranton-East Stroudsburg	1	0	1
CSS/Scranton-Hazleton	2	0	2
CSS/Scranton-Milford	1	0	1
CSS/Scranton-Scranton	2	0	2
Genesis Center	1	0	1
Genesis-Washington	1	0	1
Heartbeat Community Services	1	0	1
Lifeline of SWPA-Butler	1	0	1
Lifeline of SWPA-Downtown	1	0	1

## GRANT GOALS AND OBJECTIVES STATUS

GOALS	OBJECTIVE	IMPLEMENTATION MEASURE	TIME	STATUS
1 To promote childbirth as a viable and positive alternative to abortion and empower women throughout the Commonwealth facing unplanned or crisis pregnancies to choose childbirth rather than abortion.	To identify and provide grants to social service agencies, pregnancy centers, adoption agencies and maternity homes statewide that offer core services.	<ul style="list-style-type: none"> <li>-Contact all previous pregnancy centers, adoption agencies and maternity homes, notifying them of the continuation of the Department of Public Welfare grant participation.</li> <li>-Encourage previous pregnancy centers, adoption agencies and maternity homes to open more centers in areas without services or in need of more services.</li> <li>-Seek out new pregnancy centers, adoption agencies and maternity homes using personal contacts, pro-life resources, and advertising.</li> </ul>	<ul style="list-style-type: none"> <li>-Numbers of Service Providers participating in the program.</li> <li>-Number of clients served</li> <li>-Number of clients counseled who indicate they have decided to choose childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>-To have participating 29 of the previous Service Providers (95 centers) in Fiscal Year 12-13.</li> <li>-Enroll new Service Providers throughout the length of the contract to serve more women.</li> </ul>
Continue to implement a statewide advertising campaign including television, radio, other secondary media, and community awareness booths to inform all women in Pennsylvania that alternative to abortion services are available.	<ul style="list-style-type: none"> <li>-Contract advertising and exhibition of Real Alternatives' community awareness booth.</li> <li>-Number of women served per year as a consequence of an extensive advertising campaign.</li> </ul>	<ul style="list-style-type: none"> <li>-Advertise the length of the contract.</li> </ul>	<ul style="list-style-type: none"> <li>12,730 clients (10,031 State/ 2,634 Federal/ 0 DOH paid as State / 0 Non-Reimbursed and 61 Other Funding) clients counseled between July 1, 2012 and June 30, 2013, (98.58% of those reporting) indicated they will continue their pregnancy to childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>As of June 30, 2013, there were 29 Service Providers (95 alternatives to abortion centers).</li> </ul>
PA School Nurses in Middle and Elementary Schools statewide were faxed forms to order free How at Risk Are You? Pamphlets and What are Your Chances? bookmarks that				

## GRANT GOALS AND OBJECTIVES STATUS

<p>Illustrate the risks of getting STDs.</p> <p>A sampling of orders for program client items from organizations included the Keystone College Health Fair, Maternity Care Coalition offices in Philadelphia and Pottstown, Bucks County Head Start, FIRE Rally for 600 Catholic high school students, John Harris High School, nurses from King's Academy in Mohrsville, PA and Ches-Penn Health Services.</p> <p>The Real Alternatives' Service Providers' Annual Conference was held Thursday March 21 at the Holiday Inn Harrisburg-Hershey, Grantville, PA. Approximately 120 service providers and staff attended. The one day event of workshops included "Growing Your Center in Difficult Times", "Reaching the '18-25' Generation", "Updates on Abortion Procedures &amp; Abortion-Induced Contraceptives" and "Gaining Personal Strategies" (counseling clients on achieving a healthy, holistic sexual lifestyle). Keynote speaker was Deputy Secretary for PA DPPW Ms. Lourdes Padilla.</p> <p>Continue to facilitate the use of centers that provide alternative to abortion services by advertising and operating the Toll-Free Referral System (1-888-LIFE-AUD).</p>	<p>-Continue present Toll-Free Referral System offering alternatives to abortion services.</p> <p>-Number of callers counseled and referrals made to service providers.</p>	<p>-Continue to provide 8.5 hrd/day, 5 day/week coverage in Fiscal Year 12-13.</p> <p>-Expand hours as needed throughout the contract.</p> <p>186 callers to the toll-free hotline between July 1, 2012 and June 30, 2013.</p>
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## GRANT GOALS AND OBJECTIVES STATUS

<p>2 To provide support to women experiencing unplanned or crisis pregnancies during their pregnancy and for 12 months after birth.</p>	<p>To continue to provide core services consisting of information and counseling and necessary support services and related support services.</p>	<ul style="list-style-type: none"> <li>-Continue and expand present service provider network of pregnancy centers, adoption agencies and maternity homes providing alternative to abortion services.</li> </ul>	<ul style="list-style-type: none"> <li>-Number of women supported.</li> </ul>	<ul style="list-style-type: none"> <li>-Continuous throughout the life of the contract.</li> </ul>	<p>19,293 clients (14,976 State/ 4,233 Federal/ 16 DOH paid as State/ 7 Non-Reimbursed and 68 Other Funding) clients served between July 1, 2012 and June 30, 2013. Indicated they felt supported physically, mentally, and emotionally from the service (99.83% of clients reporting).</p>
<p>3 To assist women in achieving improved reproductive health,</p>	<p>Provide information on the advantages of abstinence to avoid unintended pregnancies and sexually transmitted diseases.</p>	<ul style="list-style-type: none"> <li>-Offer abstinence/chastity skills counseling, referrals, and classes.</li> <li>-Provide information on risks of sexually transmitted diseases.</li> </ul>	<ul style="list-style-type: none"> <li>-Number of clients receiving abstinence/chastity skills counseling.</li> <li>-Number of clients attending abstinence/chastity classes.</li> </ul>	<ul style="list-style-type: none"> <li>-Continuous throughout the length of the contract.</li> </ul>	<p>From July 1, 2012 through June 30, 2013, abstinence/resistance skills counseled to 7,362 clients (5,988 State/ 1,329 Federal/ 10 DOH paid as State / 0 Non-Reimbursed and 25 Other Funding) clients and taught to 33 clients (31 State/ 02 Federal/ 0 DOH paid as State / 0 Non-Reimbursed and 0 Other Funding) clients.</p>
<p>4 To assist women in developing sound parenting skills.</p>	<p>Provide information, counseling, and classes on parenting skills.</p>	<ul style="list-style-type: none"> <li>-Offer parenting skills counseling, referrals, and classes.</li> </ul>	<ul style="list-style-type: none"> <li>-The number of clients attending parenting classes.</li> <li>-The number of clients counseled on parenting skills.</li> </ul>	<ul style="list-style-type: none"> <li>-Continuous throughout the length of the contract.</li> </ul>	<p>From July 1, 2012 through June 30, 2013, parenting counseled to 40,252 clients (33,039 State/ 7,114 Federal/ 16 DOH paid as State/ 0 Non-Reimbursed and 83 Other Funding) clients and parenting classes taught to 1,746 clients (1,523 State/ 205 Federal/ 01 DOH paid as State/ 0 Non-Reimbursed and 14 Other Funding) clients.</p>
<p>5 To increase awareness of adoption as an option for women with an unintended pregnancy.</p>	<p>Provide accurate information on adoption.</p>	<ul style="list-style-type: none"> <li>-Provide information and training on adoption to Service Providers.</li> </ul>	<ul style="list-style-type: none"> <li>-The number of sites receiving adoption training.</li> <li>-The number of times adoption is counseled to women-in-need.</li> </ul>	<ul style="list-style-type: none"> <li>-Provide recurring training throughout the length of the contract.</li> </ul>	<p>Adoption counseled to 2,151 clients (1,675 State/ 460 Federal/ 02 DOH paid as State, 0 Non-Reimbursed and 14 Other Funding) client from July 1, 2012 through June 30, 2013.</p>

## Derman, Barbara (DHHS)

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**From:** Derman, Barbara (DCH)  
**Sent:** Friday, November 22, 2013 10:42 AM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Subject:** RE: Real Alternatives Program Reports

Thanks. I made a copy for my folder on this stuff.

*Barbara (Quess) Derman, MSW*

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Cell: 517-449-5968 DermanB@michigan.gov

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, November 22, 2013 10:33 AM  
**To:** Derman, Barbara (DCH)  
**Subject:** FW: Real Alternatives Program Reports

I am resending to assure you have.

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**From:** Broessel, Kristi (DCH)  
**Sent:** Thursday, October 31, 2013 7:52 AM  
**To:** Dunbar, Paulette Dobynes (DCH); Flink, Brenda (DCH)  
**Subject:** FW: Real Alternatives Program Reports

I am forwarding these reports in preparation for our conference call at 9:00 tomorrow. Thank you for reviewing them to see if we can work with them for this pilot program. If this program is funded in future years, perhaps we may be able to request more specialized reports for Michigan.

Please let me know if you would like to have a pre-conference call internal call with me at 8:30. I will be here.

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**From:** Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]  
**Sent:** Thursday, October 31, 2013 7:45 AM  
**To:** Broessel, Kristi (DCH)  
**Subject:** Real Alternatives Program Reports

Kristi;

I am following-up on your advise to send you copies of our data reporting. Here are the program data reports we currently produce quarterly and annually for Pennsylvania and Texas:

1. Clients Served by Age by County [we could change this to zip code ]
2. Client Visits by Age by County [we could change this to zip code ]
3. Types of Counseling or Referral Provided by Age
4. Types of Classes and Material Assistance provided by Age

14. Grant Goals and Objectives: number of clients receiving adoption education

Talk to you Friday.

Thanks,  
Kevin

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd. Ste. 304  
Harrisburg, PA 17112  
717-541-7832

[www.RealAlternatives.org](http://www.RealAlternatives.org)  
[www.LoveFacts.org](http://www.LoveFacts.org)  
[www.ConcernedParents.com](http://www.ConcernedParents.com)



Real Alternatives was awarded the Seal of Excellence for successfully completing the Standards of Excellence certification program sponsored by the Pennsylvania Association of Nonprofit Organizations (PANO). This certification identifies Real Alternatives as an ethical and accountable organization dedicated to the highest level of excellence within the nonprofit sector.

Attachment E – Statement of Work for FY 2014 Michigan Pregnancy and Parenting Support Services Program, Fiscal Year 2013/2014 (This is the name on the original document I saw. The one we asked the 5 questions for him to clarify the program and that he responded to in his email response)

By November 30, 2013 submit to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) the Michigan Pregnancy and Parenting Support Services Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services?
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

#### *Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the initial counseling session. (He stated in his email reply to question #4 asking Kevin to address a process for identifying client needs in the areas of pregnancy support. He stated: "When a client arrives at a service provider site, initial crisis intervention counseling occurs. At that time, the counselor evaluates the client needs as they are presented during the counseling session" We were accepted his wording. I suggest we leave it in. These are public funds after all and require at least this much accountability. You can't provide pregnancy and parenting support or counseling unless you know what the client's needs are.)
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care,

medical care, social services, and other supports as required and available. (I'm fine with "medical care" and not expect them to assure that a client is connected to a medical home.)

- e. Client feedback is obtained to assure client support during crisis and counseling interventions

2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.

- a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
- b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)

3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
- b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)

4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.

5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.

- a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
  - i. Referrals for prenatal and pediatric care,
  - ii. Referrals for a medical home
  - iii. Referrals for social services organizations and support services such as:
    - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
- b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
- c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
- d. Information concerning referral resources will be obtained at each site Monitoring.

6. Assure that program vendor Service Providers:

- a. Are a nonprofit organization with 501(c)3 tax exempt status
- b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion

- c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
- d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
- e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
- g. Are nondiscriminatory
- h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
- i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
- j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
- k. Agree to serve all eligible clients, including those with Limited English Proficiency
- l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
- m. Maintain client confidentiality
- n. Will submit their counselor training materials, and policies and procedures manual for evaluation
- o. Do not charge a fee for services to eligible clients.
- p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:

- a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, Fiscal Year 2013/2014 (See Note 1. Below)
- b. Assure accurate record-keeping of client eligibility
- c. Assure accurate submission of billing forms
- d. Assure all services are provided in a respectful and non-judgmental manner
  - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
  - ii. Assure all services are provided with appropriate cultural sensitivities
- e. Assure financial accountability through program site monitoring.
- f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, Fiscal Year 2013/2014 (See Note 2. Below)

8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:

- a. Monitoring activities completed;
- b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
- c. Technical assistance provided;

- d. Follow-up on site monitoring findings for Service Providers;
- e. Direct service activities such as information/services provided or referrals made;
- f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
- g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
  - 1. Less than 16 years old;
  - 2. 16 years old through 20 years old;
  - 3. 21 years old through 25 years old;
  - 4. 26 years old through 30 years old;
  - 5. 31 years old through 35 years old;
  - 6. 36 years old through 40 years old;
  - 7. 41 years old through 45 years old;
  - 8. 46 years old and older.
- h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
- i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
- j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
  - a. Hotline calls from Michigan and number of subsequent referrals to Service Providers
  - b. Public Information activities in Michigan
- k. Report number of Service Provider referrals by type:
  - a. Prenatal care providers
  - b. Pediatric care providers
  - c. Nutrition services (Dropped requirement to report WIC referrals for nutrition referrals in general. I believe he agreed to this.)
  - d. Home visiting programs (Dropped requirement to report MIHP referrals for home visiting programs in general...the MDCH home visiting web page lists home visiting programs by county. Again I believe he agreed to this. )
- l. Report of client outcomes
  - a. Number of clients indicating they are choosing childbirth
  - b. Number of clients keeping prenatal care appointments
  - c. Number of clients keeping pediatric care appointments
  - d. Number of clients with infants up to date in immunizations

Note 1: Kevin agreed in our phone conversation that these details would be added to the program description describing how service sites would be monitored. In turn we would not need them in the SOW:

- i. Interview portion: Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, Internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy); Review of counselor

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- training plan, counseling skills training, training materials, assessment and ongoing training; Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws , non-profit status); Review of program operations (including, Client intake form, Client services, Primary client referral sources, Provider referral resource list, Pregnancy test requirements, Client educational materials, and Staff/volunteer training procedures)
- ii. Site Inspection portion: Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment, review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.
- iii. Review of randomly selected client files for accuracy of billing.

Note 2: Kevin agreed in our phone conversation that these details would be added to the program description describing ongoing quality assurance. We agreed in turn to remove this level of detail from the SOW:

(f) A corrective action plan process is in place for any non-compliance issues identified in administrative or on site monitoring; (2) policy manual updates must be submitted to Real Alternatives for review and approval and are checked at subsequent site monitoring.

## Derman, Barbara (DHHS)

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Tuesday, December 17, 2013 12:53 PM  
**To:** Broessel, Kristi (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** Status of Real Alternatives Contract

**Importance:** High

Brenda has been in a meeting with Director Haveman updating him on the status of issues in the Division of Family and Community Health. He is particularly interested in Real Alternatives willingness or lack there of to refer to the WIC program. Brenda has a second meeting with the Director Friday 8 am December 20<sup>th</sup> and she needs to update him on issues that came up at the last meeting and other topics as well.

I am writing to find out the status of the Real Alternatives contract and to find out if the last suggested language regarding referrals to WIC has been accepted. This is the suggested language we have on record to go into the contract:

Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.

1. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:...
    - iii. Referrals for social services organizations and support services such as:
      1. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.

My primary question is did the organization accept this language?

## Derman, Barbara (DHHS)

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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:08 PM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract  
**Attachments:** Real Alternatives FY14.pdf

The grant agreement was just signed using the language that your area provided to me for the Statement of Work and I have attached it. They left in the WIC and MIHP references in the Statement of Work. Attachment E - Statement of Work became Attachment A and the Program Description that was Attachment A became Attachment E.

Please note that as this contractual relationship moves forward we have the ability to amend the agreement as needed at any time.

Please let me know if you have any questions. Thank you.

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Tuesday, December 17, 2013 12:53 PM  
**To:** Broessel, Kristi (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** Status of Real Alternatives Contract  
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  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including....
    - iii. Referrals for social services organizations and support services such as:
      1. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.

Contract #: 20142043

Grant Agreement Between  
Michigan Department of Community Health  
hereinafter referred to as the "Department"

and

Real Alternatives

7810 Allentown Blvd, Suite 304

Harrisburg, PA 17112

Federal I.D.#: 2232868660, DUNS# 942971474

hereinafter referred to as the "Contractor"

for

Michigan Pregnancy and Parenting Support Services Program

**Part I**

1. **Period of Agreement:** This agreement shall commence on October 1, 2013 and continue through September 30, 2014. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

A. **Agreement Amount**

The total amount of this agreement is \$ 700,000. The Department under the terms of this agreement will provide funding not to exceed \$ 700,000. The federal funding provided by the Department is \$ 0 or approximately N/A%; the Catalog of Federal Domestic Assistance (CFDA) number is N/A and the CFDA Title is N/A; the federal agency name is N/A; the federal grant award number is N/A and the award phase is N/A. The federal program title is N/A. The grant agreement is designated as a:

- subrecipient relationship; or
- vendor relationship.

The grant agreement is designated as:

- Research and development project; or
- Not a research and development project.

B. **Equipment Purchases and Title**

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Contractor upon acquisition. The Department

reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

**C. Deviation Allowance**

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. **Purpose:** The focus of the program is to: provide pregnancy and parent support services to women and parents of infants to promote childbirth and alternatives to abortion.
4. **Statement of Work:** The Contractor agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.
5. **Financial Requirements:** The financial requirements shall be followed as described in Part II of this agreement and Attachments B and D which are part of this agreement through reference.
6. **Performance/Progress Report Requirements:** The progress reporting methods, as applicable, shall be followed as described in Attachment C, which is part of this agreement through reference.
7. **General Provisions:** The Contractor agrees to comply with the General Provisions outlined in Part II, which is part of this agreement through reference.
8. **Administration of the Agreement:**

The person acting for the Department in administering this agreement (hereinafter referred to as the Contract Manager) is:

Brenda Fink, Director, Division of Family and Child Health (517) 335-8863  
Name, Title Location/Building Telephone No.

FinkB@michigan.gov Email Address

**Contractor's Financial Contact for the Agreement:**

The person acting for the Contractor on the financial reporting for this agreement is:

<u>Clifford W. McKeown</u> Name	<u>Director of Finance</u> Title
<u>RA-Finance@comcast.net</u> E-Mail Address	<u>717-541-7833</u> Telephone No.

**10. Special Conditions:**

- A. This agreement is valid upon approval by the State Administrative Board as appropriate and approval and execution by the Department.
- B. This agreement is conditionally approved subject to and contingent upon the availability of funds.
- C. The Department will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.
- D. The Contractor is required by PA 533 of 2004 to receive payments by electronic funds transfer.

**11. Special Certification:**

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this agreement on behalf of the responsible governing board, official or Contractor.

**12. Signature Section:**

**For the CONTRACTOR**

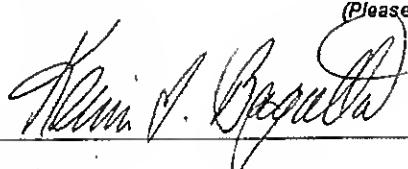
Kevin I. Bagatta, Esquire

President and CEO

Name

*(Please print)*

Title



12-13-13

Signature

Date

**For the MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

Kim Stephen

12/16/13

Kim Stephen, Director, Bureau of Budget and Purchasing

Date

## Part II

### General Provisions

#### I. Responsibilities - Contractor

The Contractor in accordance with the general purposes and objectives of this agreement will:

##### A. Publication Rights

1. Where the Contractor exclusively develops books, films, or other such copyrightable materials through activities supported by this agreement, the Contractor may copyright those materials. The materials that the Contractor copyrights cannot include service recipient information or personal identification data. Contractor grants the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and authorizes others to reproduce and use such materials.
2. Any materials copyrighted by the Contractor or modifications bearing acknowledgment of the Department's name must be approved by the Department before reproduction and use of such materials. With regard to the materials referenced in the first sentence, the State of Michigan may modify the material copyrighted by the Contractor and may combine it with other copyrightable intellectual property to form a derivative work. The State of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Contractor. If the Contractor ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the State of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Contractor has to the federal government.
3. The Contractor shall give recognition to the Department in any and all publications papers and presentations arising from the program and service contract herein; the Department will do likewise.
4. The Contractor must notify the Department's Grants and Purchasing Division 30 days before applying to register a copyright with the U.S. Copyright Office. The Contractor must submit an annual report for all copyrighted materials developed by the Contractor through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.
5. The parties understand and agree that deliverables under this grant agreement do not include the Real Alternatives Program and Instructional Design (RAPID) System. RAPID includes the following copyrighted, trade secret and proprietary materials and information: all software, documents, forms, checklists, staff training materials, services provider materials, billing systems, and program management tools designed to administer the Michigan Pregnancy and Parenting Support Program, including procedures, reports, and accounting manuals. It is further agreed and understood that the RAPID System materials are specifically not included in the agreement's Scope of Work. The RAPID system includes copyrighted, trade secret and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives.

**B. Fees**

Make reasonable efforts to collect 1<sup>st</sup> and 3<sup>rd</sup> party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

**C. Program Operation**

Provide the necessary administrative, professional, and technical staff for operation of the program.

**D. Reporting**

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

**E. Record Maintenance/Retention**

Maintain adequate program and fiscal records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than three (3) years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved.

**F. Authorized Access**

Permit upon reasonable notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, files and documentation related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.

**G. Audits**

This section only applies to Contractors designated as subrecipients. Contractors designated as vendors are exempt from the provisions of this section.

**1. Required Audit or Notification Letter**

Contractors must submit to the Department either a Single Audit, Financial Related Audit, Financial Statement Audit, or Audit Status Notification Letter as described below. Financial Related Audit is applicable to non-profit contractors that are designated as subrecipients. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDCH-funded programs, and management letter (if issued) with a response.

**a. Single Audit**

Contractors that are a state, local government, or non-profit organization that expend \$500,000 or more in federal awards during the Contractor's fiscal year must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of the Single Audit Act Amendments of 1996, and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," as revised.

b. Financial Related Audit

Contractors that are for-profit organizations that expend \$500,000 or more in Federal awards during the Contractor's fiscal year must submit a financial related audit prepared in accordance with Government Auditing Standards relating to all Federal awards; or an audit that meets the requirements contained in OMB Circular A-133, if required by the Federal awarding agency.

c. Financial Statement Audit

Contractors exempt from the Single Audit and Financial Related Audit requirements that receive \$500,000 or more in total funding from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS). Contractors exempt from the Single Audit and Financial Related Audit requirements that receive less than \$500,000 of total Department grant funding must submit to the Department a Financial Statement Audit prepared in accordance with GAAS if the audit includes disclosures that may negatively impact MDCH-funded programs including, but not limited to fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions.

d. Audit Status Notification Letter

Contractors exempt from the Single Audit, Financial Related Audit and Financial Statement Audit requirements (a., b., and c. above) must submit an Audit Status Notification Letter that certifies these exemptions. The template Audit Status Notification Letter and further instructions are available at <http://www.michigan.gov/mdch> by selecting Inside Community Health – MDCH Audit.

2. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or audit Status Notification Letter must be submitted to the Department within nine months after the end of the Contractor's fiscal year by e-mail to the Department at [MDCH-AuditReports@michigan.gov](mailto:MDCH-AuditReports@michigan.gov). The required materials must be assembled as one document in a PDF file compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

3. Penalty

a. Delinquent Single Audit, Financial Related or Financial Statement Audit

If the Contractor does not submit the required Single Audit Financial Related Audit, or Financial Statement Audit, including any management letter with a response and applicable Corrective Action Plan within nine months after the end of the Contractor's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the

Contractor is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Contractor is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Status Notification Letter

Failure to submit the Audit Status Notification Letter, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's grant funding until the Audit Status Notification Letter is received.

4. Other Audits

The Department or federal agencies may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

H. Subrecipient/Vendor Monitoring

The Contractor must ensure that each of its **subrecipients** comply with the Single Audit Act requirements. The Contractor must issue management decisions on audit findings of their subrecipients as required by OMB Circular A-133.

The Contractor must also develop a subrecipient monitoring plan that addresses "during the award monitoring" of **subrecipients** to provide reasonable assurance that the subrecipient administers Federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight, and monitoring activities such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Contractor must establish requirements to ensure compliance for **for-profit** subrecipients as required by OMB Circular A-133, Section .210(e).

The Contractor must ensure that transactions with **vendors** comply with laws, regulations, and provisions of contracts or grant agreements in compliance with OMB Circular A-133, Section .210(f).

I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

J. Software Compliance

The Contractor must ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor's business operations for processing date/time data.

K. Human Subjects

The Contractor will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Contractor agrees that prior to the initiation of the research, the Contractor will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for

review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

## **II. Responsibilities - Department**

The Department in accordance with the general purposes and objectives of this agreement will:

### **A. Reimbursement**

Provide reimbursement in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Contractor.

### **B. Report Forms**

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Contractor any new report forms and reporting formats proposed for issuance thereafter at least ninety (90) days prior to their required usage in order to afford the Contractor an opportunity to review and offer comment.

## **III. Assurances**

The following assurances are hereby given to the Department:

### **A. Compliance with Applicable Laws**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

### **B. Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### **C. Non-Discrimination**

1. In the performance of any contract or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The Contractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights

Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.

2. The Contractor will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:
  - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
  - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
  - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps;
  - d. the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
  - e. the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;
  - f. the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
  - g. §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records
  - h. any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and,
  - i. the requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

#### **D. Debarment and Suspension**

Assurance is hereby given to the Department that the Contractor will comply with Federal Regulation, 2 CFR part 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery,

bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

**E. Federal Requirement: Pro-Children Act**

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also assures that this language will be included in any subawards which contain provisions for children's services.
2. The Contractor also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

**F. Hatch Political Activity Act and Intergovernmental Personnel Act**

The Contractor will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

**G. Subcontracts**

Assure for any subcontracted service, activity or product:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request within 30 days of execution of the agreement.
2. That any executed subcontract to this agreement shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail.

A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement;
- b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or
- c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.

3. That the subcontract does not affect the Contractor's accountability to the Department for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Contractor will submit a copy of the executed subcontract if requested by the Department.

**H. Procurement**

Assure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of OMB Circular A-102 as revised, implemented through applicable portions of the associated "Common Rule" as promulgated by responsible federal contractor(s), or 2 CFR, Part 215 (OMB Circular A-110) as amended, as applicable, and that records sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

**I. Health Insurance Portability and Accountability Act**

To the extent that this act is pertinent to the services that the Contractor provides to the Department under this agreement, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Contractor must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as appropriate under this agreement.
2. The Contractor will ensure that any subcontractor will have the same obligations as the Contractor not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Contractor must only use the protected health data and information for the purposes of this agreement.
4. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
5. The Contractor must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware. The Contractor will work with the

Department to mitigate the breach, and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures.

6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by the Contractor received from the Department or any other source.
8. The Contractor will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

#### **IV. Financial Requirements**

##### **A. Operating Advance**

An operating advance may be requested by the Contractor to assist with program operations. The request should be addressed to the Contract Manager identified in Part I, Item 8. The operating advance will be administered as follows:

1. The advance amount requested must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case may the advance exceed the amount required for 60 days operating expense. Operating advances will be monitored and adjusted by the Department according to total Department agreement amount.
2. The advance must be recorded as an account payable to the Department in the Contractor's financial records. The operating advance payable must remain in the Contractor's financial records until fully recovered by the Department.
3. The monthly Financial Status Report (FSR) reimbursement for actual expenditures by the Department should be used by the Contractor to replenish the operating advance used for program operations.
4. The advance must be returned to the Department within 30 days of the end date of this agreement unless the Contractor has a recurring agreement with the Department, and may not be held pending agreement audit. Subsequent Department agreements may be withheld pending recovery of the outstanding advance from a prior agreement. If the Contractor has a recurring agreement with the Department, the Department requires an annual confirmation of the outstanding operating advance.

The Department may obtain the Michigan Department of Treasury's assistance in collecting outstanding operating advances. The Department will comply with the Michigan Department of Treasury's Due Process procedures prior to forwarding claims to Treasury. Specific Due Process procedures include the following:

- a. Department offer of a hearing to dispute the debt, identifying the time, place and date of such hearing.
- b. A hearing by an impartial official.
- c. An opportunity for the Contractor to examine department's associated records.
- d. An opportunity for the Contractor to present evidence in person or in writing.
- e. A hearing official with full authority to correct errors and make a decision not to forward debt to Treasury.

- f. Contractor representation by an attorney and presentation of witnesses if necessary.
5. At the end of either the agreement period or Department's fiscal year, whichever is first, the Contractor must respond to the Department's request for confirmation of the operating advance. Failure to respond to the confirmation request may result in the Department recovering all or part of an outstanding operating advance.

**B. Reimbursement Method**

The Contractor will be reimbursed in accordance with the staffing grant reimbursement method as follows:

Reimbursement from the Department is based on the understanding that Department funds will be paid up to the total Department allocation as agreed to in the approved budget. Department funds are first source after the application of fees and earmarked sources unless a specific local match condition exists.

**C. Financial Status Report Submission**

Financial Status Reports (FSRs) shall be prepared and submitted to:

Michigan Department of Community Health  
Accounting Division  
Expenditure Operations Section  
P.O. Box 30720, Lansing, Michigan 48909

FSRs must be submitted on a monthly basis, no later than thirty (30) days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, regardless of the source of funds. Attachment D contains the FSR form. The FSR form and instructions for completing the FSR

form are available through your Contract Manager or the Department's web site:

- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_8214\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_8214_7.pdf) and
- [http://www.michigan.gov/documents/DCH-0384-Financial\\_Status\\_Report\\_Instructions\\_8216\\_7.pdf](http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_Instructions_8216_7.pdf).

Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments.

**D. Reimbursement Mechanism**

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site:

- <http://michigan.gov/cpexpress>

**E. Final Obligations and Financial Status Report Requirements**

**1. Obligation Report**

The Obligation Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department's Accounting Division. The Contractor must provide an estimate of total expenditures for the entire agreement

period. The information on the report will be used to record the Department's year-end accounts payables and receivables for this agreement.

**2. Department-wide Payment Suspension**

A temporary payment suspension is in effect on agreements during the department's year-end closing period beginning September 13<sup>th</sup> until mid-November. FSRs through the August period should be submitted by September 6<sup>th</sup> to ensure payment prior to the payment suspension period.

**3. Final FSRs**

Final FSRs are due sixty (60) days following the end of the fiscal year or agreement period. The final FSR must be clearly marked "Final". Final FSRs not received by the due date may result in the loss of funding requested on the Obligation Report and may result in the potential reduction in the subsequent year's agreement amount.

**F. Unobligated Funds**

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

**V. Agreement Termination**

The Department may cancel this agreement without further liability or penalty to the Department for any of the following reasons:

- A. This agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating the reasons for termination and the effective date.
- B. This agreement may be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
- C. This agreement may be terminated immediately if the Contractor or an official of the Contractor or an owner is convicted of any activity referenced in Section III.D. of this agreement during the term of this agreement or any extension thereof.

**VI. Final Reporting Upon Termination**

Should this agreement be terminated by either party, within thirty (30) days after the termination, the Contractor shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will make payments to the Contractor for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Contractor shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Contractor in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

**VII. Severability**

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

**VIII. Amendments**

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement. Any change proposed by the Contractor which would affect the Department funding of any project, in whole or in part in Part I, Section 2.C. of the agreement, must be

submitted in writing to the Department for approval immediately upon determining the need for such change.

## **IX. Liability**

- A.** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of the Department, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Contractor or its employees by statute or court decisions.
- B.** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by the Department in the performance of this agreement shall be the responsibility of the Department, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any Department employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies (the Department) or employees as provided by statute or court decisions.
- C.** In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Contractor, the State, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

## **X. Conflict of Interest**

The Contractor and the Department are subject to the provisions of 1968 PA 317, as amended, MCL 15.321 et seq, MSA 4.1700(51) et seq, and 1973 PA 196, as amended, MCL 15.341 et seq, MSA 4.1700(71) et seq.

## **XI. State of Michigan Agreement**

This is a State of Michigan Agreement and is governed by the laws of Michigan. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

## **XII. Confidentiality**

Both the Department and the Contractor shall assure that medical services to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be otherwise permitted or required by applicable state or federal law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

## Statement of Work

## Michigan Pregnancy and Parenting Support Services Program

FY 2014

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

*Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
  - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
  - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
- b. Provide services to women in this category utilizing trained counselors (degreeed, non-degreeed and volunteers)

4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.

5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.

- a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
  - i. Referrals for prenatal and pediatric care.
  - ii. Referrals for medical care.
  - iii. Referrals for social services organizations and support services such as:
    - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
- b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
- c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
- d. Information concerning referral resources will be obtained at each site Monitoring.

6. Assure that program vendor Service Providers:

- a. Are a nonprofit organization with 501(c)3 tax exempt status
- b. Operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
- d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
- e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
- g. Are nondiscriminatory
- h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
- i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
- j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
- k. Agree to serve all eligible clients, including those with Limited English Proficiency
- l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
- m. Maintain client confidentiality
- n. Will submit their counselor training materials, and policies and procedures manual for evaluation
- o. Do not charge a fee for services to eligible clients.
- p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
  - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, Fiscal Year 2013/2014
  - b. Assure accurate record-keeping of client eligibility
  - c. Assure accurate submission of billing forms
  - d. Assure all services are provided in a respectful and non-judgmental manner
    - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
    - ii. Assure all services are provided with appropriate cultural sensitivities
  - e. Assure financial accountability through program site monitoring.
  - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, Fiscal Year 2013/2014
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
  - a. Monitoring activities completed;
  - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
  - c. Technical assistance provided;
  - d. Follow-up on site monitoring findings for Service Providers;
  - e. Direct service activities such as information/services provided or referrals made;
  - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
  - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
    1. Less than 16 years old;
    2. 16 years old through 20 years old;
    3. 21 years old through 25 years old;
    4. 26 years old through 30 years old;
    5. 31 years old through 35 years old;
    6. 36 years old through 40 years old;
    7. 41 years old through 45 years old;
    8. 46 years old and older.
  - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
  - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
  - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
    1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
    2. Public Information activities in Michigan
  - k. Report number of Service Provider referrals by type:
    1. Prenatal care providers
    2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

## ATTACHMENT B.1

PROGRAM BUDGET SUMMARY  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTHView at 100% or Larger  
Use WHOLE DOLLARS Only

PROGRAM Michigan Alternatives Program		DATE PREPARED 11/22/13	Page 1	Of 1
CONTRACTOR NAME Real Alternatives		BUDGET PERIOD From: October 1, 2013 To: September 30, 2014		
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd, Suite 304		BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►		AMENDMENT #
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660	
EXPENDITURE CATEGORY				TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES				
2. FRINGE BENEFITS				
3. TRAVEL				
4. SUPPLIES & MATERIALS				
5. CONTRACTUAL (Subcontracts/Subrecipients)				
6. EQUIPMENT				
7. OTHER EXPENSES				
Administrative Expenses	\$105,000			
Services Expenses	\$595,000			
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	\$700,000			
9. INDIRECT COSTS: Rate #1 %				
INDIRECT COSTS: Rate #2 %				
10. TOTAL EXPENDITURES	\$700,000			

## SOURCE OF FUNDS

11. FEES & COLLECTIONS				
12. STATE AGREEMENT	\$700,000			
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$700,000			
AUTHORITY: P.A. 368 of 1978	The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0385 FY 2014 2/13 (W) Previous Editions Obsolete				

## PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page \_\_\_\_\_ Of \_\_\_\_\_

View at 100% or Larger  
Use WHOLE DOLLARS Only

PROGRAM Michigan Alternatives Program		BUDGET PERIOD From: October 1, 2013 To: September 30, 2014		DATE PREPARED 11/22/13	
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #	
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY		
President and CEO			8,200		
Director of Finance			4,200		
Assistant Director of Finance			11,400		
Accountant			4,100		
Bookkeeper			9,500		
Accrued Vac & Sick			238		
1. TOTAL SALARIES & WAGES:			0 37,638		
2. FRINGE BENEFITS (Specify)					
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> LIFE INS.	<input checked="" type="checkbox"/> DENTAL INS.	COMPOSITE RATE		
<input checked="" type="checkbox"/> UNEMPLOY INS.	<input checked="" type="checkbox"/> VISION INS.	WORK COMP.	AMOUNT 0.00%		
<input checked="" type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.				
<input checked="" type="checkbox"/> HOSPITAL INS.	<input checked="" type="checkbox"/> OTHER (specify)		2. TOTAL FRINGE BENEFITS: \$6,020		
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)					
			3 TOTAL TRAVEL: \$3,500		
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)					
Office Expense			\$16,138		
Computer Resources			\$20,000		
			\$36,138		
4. TOTAL SUPPLIES & MATERIALS:					
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)					
Name	Address	Amount			
Consulting		\$6,000			
Legal Consulting		\$1,200			
			5. TOTAL CONTRACTUAL: \$7,200		
6. EQUIPMENT (Specify items)					
			6. TOTAL EQUIPMENT: \$0		
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)					
Communication:	Rent/Telephone	\$ 7,000			
Space costs	Business Insur + Ofc & Directors Insurance	\$ 1,100			
Others (explain)	Audit	\$ 5,000			
	Equip. Service Contract	\$ 500			
	Professional Development	\$ 624			
	Job Advertising/Employee Benefits	\$ 21	\$14,504		
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)			8. TOTAL DIRECT EXPENDITURES: \$ 105,000		
9. INDIRECT COST CALCULATIONS			Rate #1: Base \$0 X Rate 0.0000 % Total \$ 0		
			Rate #2: Base \$0 X Rate 0.0000 % Total \$ 0		
			9. TOTAL INDIRECT EXPENDITURES: \$ 0		
10. TOTAL EXPENDITURES (Sum of lines 8-9)			\$ 105,000		
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding OCH-0386 (E) (Rev 2/13) (W) Previous Edition Obsolete. Use Additional Sheets as Needed		The Department of Community Health is an equal opportunity employer, services and programs provider.			

## ATTACHMENT B.2

## PROGRAM BUDGET - COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page \_\_\_\_\_ Of \_\_\_\_\_

View at 100% or Larger  
Use WHOLE DOLLARS Only

PROGRAM	BUDGET PERIOD	DATE PREPARED	
		From: 10/1/13	To: 9/30/14
Michigan Alternatives Program			
CONTRACTOR NAME Real Alternatives	BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
<b>2. SALARY &amp; WAGES POSITION DESCRIPTION</b>	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>
Vice President			\$8,200
Service Provider Approval			\$4,600
Quality Control Coordinator			\$9,400
Service Provider Monitoring			\$3,000
Toll Free			\$670
Accred Vac & Sick			\$118
<b>1. TOTAL SALARIES &amp; WAGES:</b>		0	\$25,988
<b>2. FRINGE BENEFITS (Specify)</b>			
<input checked="" type="checkbox"/> FICA	<input checked="" type="checkbox"/> LIFE INS.	<input checked="" type="checkbox"/> DENTAL INS.	COMPOSITE RATE
<input checked="" type="checkbox"/> UNEMPLOY INS.	<input checked="" type="checkbox"/> VISION INS.	<input checked="" type="checkbox"/> WORK COMP.	AMOUNT 0.00%
<input checked="" type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.		
<input checked="" type="checkbox"/> HOSPITAL INS.	<input checked="" type="checkbox"/> OTHER (specify)		<b>2. TOTAL FRINGE BENEFITS:</b> \$3,836
<b>3. TRAVEL (Specify If category exceeds 10% of Total Expenditures)</b>			
		<b>3 TOTAL TRAVEL:</b>	\$7,400
<b>4. SUPPLIES &amp; MATERIALS (Specify If category exceeds 10% of Total Expenditures)</b>			
Client Education Materials			6,000
Pregnancy Test Kits			10,500
		<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>	\$16,500
<b>5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>			
<u>Name</u>	<u>Address</u>	<u>Amount</u>	
Client Services		\$501,276	
Database Consulting		\$ 6,000	
		<b>5. TOTAL CONTRACTUAL:</b>	\$507,276
<b>6. EQUIPMENT (Specify items)</b>			
		<b>6. TOTAL EQUIPMENT:</b>	\$
<b>7. OTHER EXPENSES (Specify If category exceeds 10% of Total Expenditures)</b>			
Communication:	Services Advertising	\$ 13,000	
Space Cost:	Toll Free Referral System	\$ 1,000	
Others (Explain):	Contract Closeout Cost	\$ 20,000	
			\$34,000
<b>8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>	\$595,000
<b>9. INDIRECT COST CALCULATIONS</b>		Rate #1: Base \$0 X Rate 0.0000 % Total \$ 0	\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total \$ 0	\$ 0
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>	\$ 0
<b>10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>			<b>\$595,000</b>
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding DCH-0386 (E) (Rev 02/13) (W) Previous Edition Obsolete. Use Additional Sheets as Needed		The Department of Community Health is an equal opportunity employer, services and programs provider.	

**ATTACHMENT B.3**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
GRANTS AND PURCHASING DIVISION

**EQUIPMENT INVENTORY SCHEDULE**

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget's cost detail schedule - Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model, etc.* Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name:

Contract #: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACHMENT C

Error! Reference source not found.

**PERFORMANCE / PROGRESS REPORT REQUIREMENTS**

- A. The Contractor shall submit the following reports on the following dates:
  1. 1<sup>st</sup> Quarter Period 10/1/13 - 12/31/13 – Due 2/14/14
  2. 2<sup>nd</sup> Quarter Period 1/1/14 – 3/31/14 – Due 5/15/14
  3. 3<sup>rd</sup> Quarter Period 4/1/14 – 6/30/14 – Due 8/15/14
  4. 4<sup>th</sup> Quarter Period 7/1/14 – 9/30/14 – Due 11/14/14
- B. Any such other information as specified in the Statement of Work, Attachment A, shall be developed and submitted by the Contractor as required by the Contract Manager.
- C. Reports and information shall be submitted to the Contract Manager at:

Brenda Fink, Director  
Family and Community Health Division  
Michigan Department of Community Health  
109 W. Michigan  
Lansing, MI 48913
- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
- E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

**FINANCIAL STATUS REPORT**  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**ATTACHMENT D**

		Contract Number	Page	Of
Local Agency Name		Program	Code	
Street Address		Report Period Thru	Date Prepared Final	
City, State, ZIP Code		Agreement Period Thru	FE ID Number	
Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1: %				
9b. Indirect Costs Rate #2: %				
10. TOTAL EXPENDITURES				
<b>SOURCE OF FUNDS:</b>				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				
<b>CERTIFICATION:</b> I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.				
Authorized Signature	Date	Title		
Contact Person Name	Telephone Number			

**FOR STATE USE ONLY**

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

Authority: P.A. 368 of 1978 Completion: Is a Condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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DCH-0384(E) (Rev. 4/04) (W) Previous Edition Obsolete

**MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM  
FISCAL YEAR 2013 / 2014  
Program Description and Work Plan**

**INTRODUCTION**

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)<sup>1</sup> system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

**Corporate Mission Statement**

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

**CORPORATE BACKGROUND AND EXPERIENCE**

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last fifteen years. During that time, over 212,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Public Welfare to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies. Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 16 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

## Real Alternatives Staff Administration

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.5 million a year PA Alternative to Abortion Services Program, and the second that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Director of Finance, and a full-time Assistant Director of Finance. Additional personnel include a full-time Accountant, part-time Bookkeeper, a full-time Quality Control Manager, a part-time Special Projects Coordinator, a part-time Evaluation Manager, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

## PROGRAM WORK PLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendix), and be a factor in reducing medical costs<sup>2</sup>, improving women's health<sup>3</sup>, and obtaining overall long-term savings for the taxpayers of Michigan.

### Program Design

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania as a good steward of government financial resources to meet Pennsylvania's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide regional program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendix.) Real Alternatives plans to subcontract with vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include 76 pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout Southern Michigan (approximate geographical area south of the Grand Rapids – Lansing – Flint Corridor). Real Alternatives will contact them in December 2013/January 2014 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. After receiving a 16.67% operating advance of the total program contract value for start up costs and rollout of the regional

program, Real Alternatives envisions reporting to DCH for the previous month's services performed. Requests for remaining cash advances will occur each quarter. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement the RAPID Client Education Materials Purchase during the first year of the grant. Again, the state of Michigan will be able to save development time and money by using material which has already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with fifteen years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will develop special education and information materials tailored for the Michigan program.

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Once a large number of vendor service providers are approved, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below).

Real Alternatives will use the media ads developed and tested over the years in the Pennsylvania program that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years in Pennsylvania, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website, [www.RealAlternatives.org](http://www.RealAlternatives.org), which will be adapted for use by Michigan citizens. That website will be available immediately once vendor service providers are signed, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, brochures, television, and future radio ads will advertise it. During fiscal year 2013/14 the advertisement budget is high so that Real Alternatives may inform the women of Michigan of the program's existence. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 16 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual regional education material purchase for clients; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

#### Service Provider Selection Process

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ◆ are a 501(c) 3 tax exempt organization
- ◆ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ◆ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ◆ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ◆ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ◆ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ◆ are nondiscriminatory
- ◆ agree not to promote religion during government-funded contract services
- ◆ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ◆ serve low-income clients
- ◆ do not charge a fee for program services to eligible clients
- ◆ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ◆ proof of IRC 501 (c) 3 tax-exempt status with federal tax number

- ◆ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ◆ a copy of the Bylaws of the Corporation
- ◆ policy and procedures manual that include a confidentiality policy
- ◆ board of directors or equivalent governing body
- ◆ counseling training materials
- ◆ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 10- 20 out of the approximate 76 pro-life vendor service provider sites located in the Southern Michigan region to serve women in need during fiscal year 2013-2014.

#### **Service Provider Training and Monitoring**

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. This training will ensure that reimbursement for services to clients can start in March 2014. Thereafter, vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2014.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

#### **Vendor Service Provider Monitoring**

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures; Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);

- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referrel resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicapped accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed:

- Review of randomly selected client files for accuracy of billing.

#### **Charitable Choice Act – Faith-Based Organization Policy**

Real Alternatives proposes to implement the present RAPID faith-based policy currently being used in Pennsylvania. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

#### **Client Services**

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after

birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ◆ crisis intervention counseling and case management in a non-judgmental atmosphere
- ◆ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ◆ abortion information - what it is, what it does, and negative outcomes associated with it
- ◆ pre- and post-natal education; pregnancy and certified childbirth classes
- ◆ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ◆ adoption service information
- ◆ life-skill training for parenting and nutritional needs
- ◆ availability of other community social services
- ◆ tangible aid in the form of maternity clothes
- ◆ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ◆ parenting counseling and classes
- ◆ education referrals for upgrading skills or obtaining a GED
- ◆ child care referrals
- ◆ mentoring
- ◆ information on Women Infants and Children (WIC) programs
- ◆ job service and vocational training opportunities availability
- ◆ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ◆ information on the risks of sexually transmitted diseases
- ◆ relationship counseling
- ◆ decision making education
- ◆ chastity classes
- ◆ teen pregnancy prevention programs
- ◆ other counseling offered to modify risk-taking behavior.<sup>4</sup>

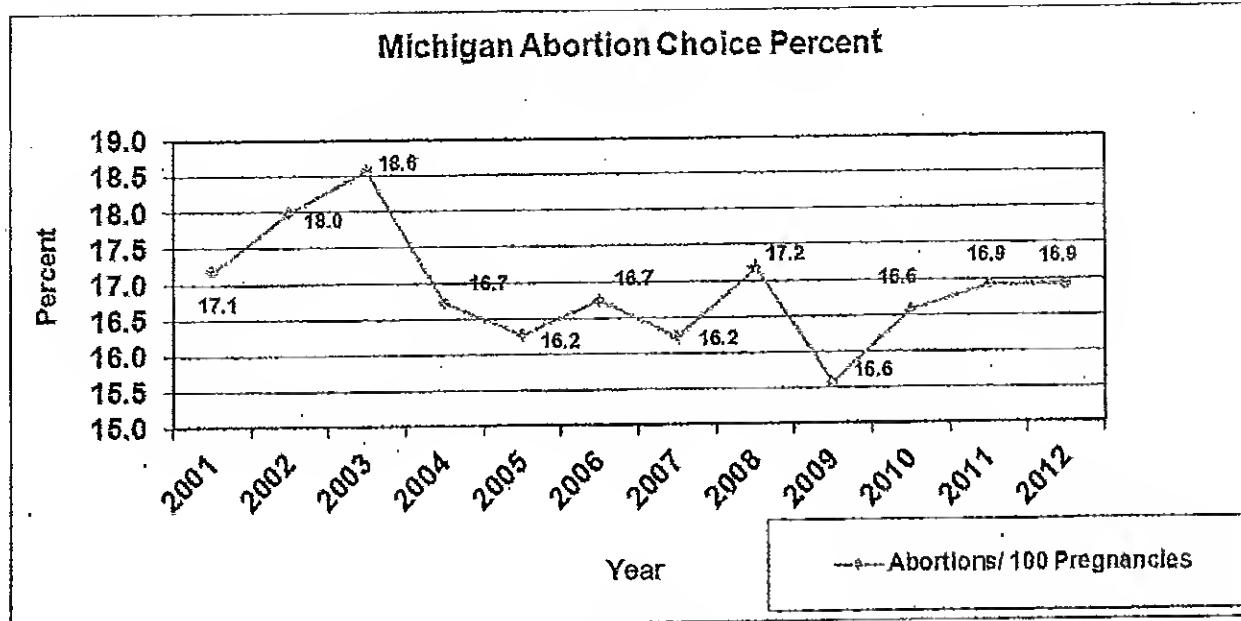
This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

#### ASSUMPTIONS

This proposal is based on the assumption that if awarded, DCH will advance the appropriate requested amount of total contract funds for startup and reimbursement thereafter for program services will occur quarterly on a timely basis.

## APPENDIX

### Exhibit 1



"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

### Exhibit 2: END NOTES

<sup>1</sup> The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

<sup>2</sup> Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually*

<sup>3</sup> Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer, particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women  $\leq$  40 years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention*, 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, *The British Journal of Psychiatry*, May 2009, Vol. 195, pp. 420-426

<sup>4</sup> Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSActivities/ucm126372.htm>  
accessed 5/31/12 Page Last Updated: 07/22/2010

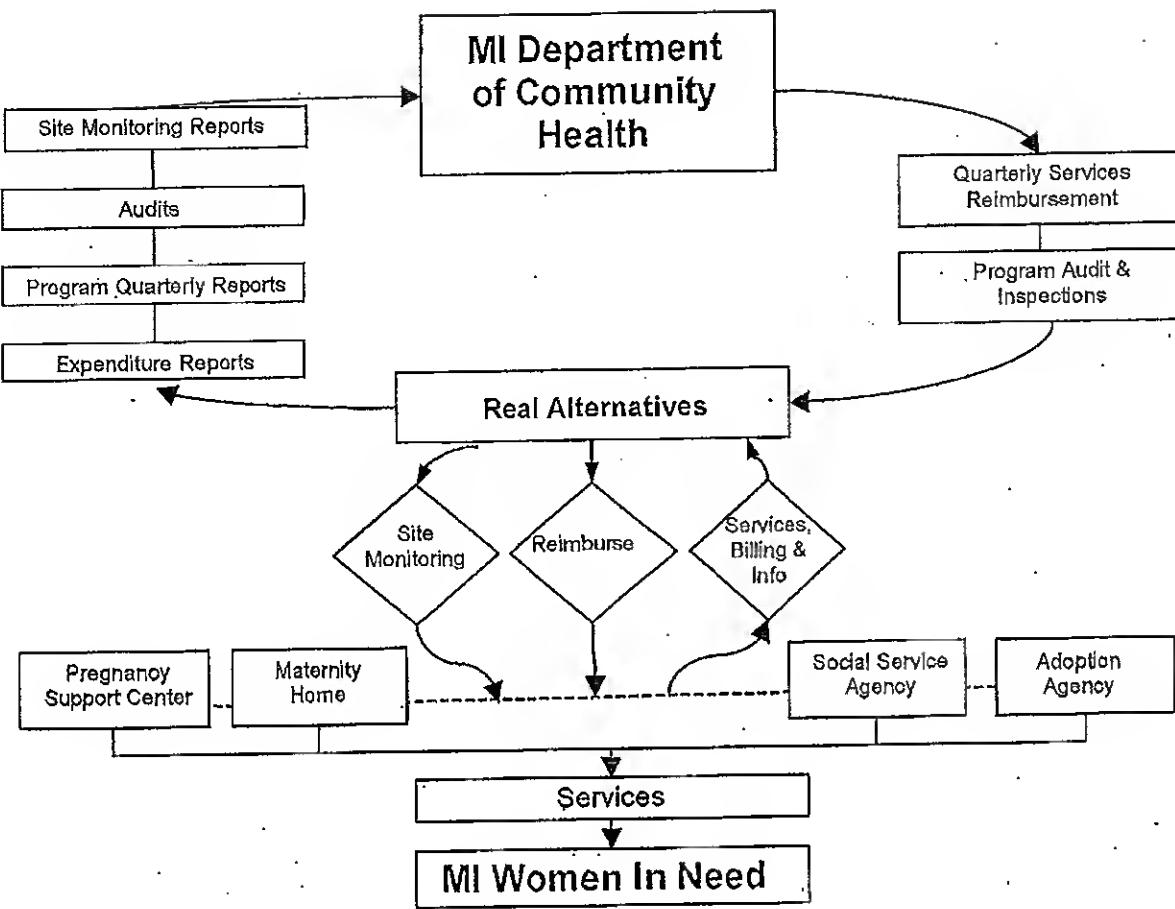
A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



## Derman, Barbara (DHHS)

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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:52 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Thank you. Please note that as you work with them on this program you feel the need to modify any of the existing requirements, we can address those through an amendment.

---

**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 1:48 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Great—thanks to all of you for all the work involved in getting to this point! I think we did as well as we could under the circumstances. I think Jim H will be satisfied---Kristi, he did seem very unhappy that they might not be willing to refer to WIC and MIHP, and seemed to reinforce the idea that we could/should have some “regular” expectations of them. Will let you know how the update goes this week, if I learn anything more from him.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@Michigan.gov](mailto:finkb@Michigan.gov)

---

**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:08 PM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

The grant agreement was just signed using the language that your area provided to me for the Statement of Work and I have attached it. They left in the WIC and MIHP references in the Statement of Work. Attachment E - Statement of Work became Attachment A and the Program Description that was Attachment A became Attachment E.

Please note that as this contractual relationship moves forward we have the ability to amend the agreement as needed at any time.

Please let me know if you have any questions. Thank you.

---

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Tuesday, December 17, 2013 12:53 PM  
**To:** Broessel, Kristi (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** Status of Real Alternatives Contract  
**Importance:** High

## Derman, Barbara (DHHS)

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**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 2:00 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH); Taylor, Lucie (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

I assume it will be Quess, Paulette can confirm. Lucie, take note also (and I'll email you the contract, Kristi has handled the interface with the contract directly to this point per our several p/c's with the Real Alternative director)

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
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109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@michigan.gov](mailto:finkb@michigan.gov)

---

**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:58 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Please let me know who on your team will be reviewing the Progress Reports and FSRs that we receive. Thank you.

---

**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 1:55 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Always good to know! I'm sure Quess will keep you included in the loop for sure as we move forward together on this.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
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517-335-8863  
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**Sent:** Tuesday, December 17, 2013 1:52 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Thank you. Please note that as you work with them on this program you feel the need to modify any of the existing requirements, we can address those through an amendment.

## **Derman, Barbara (DHHS)**

---

**From:** Broessel, Kristi (DCH)  
**Sent:** Wednesday, December 18, 2013 7:55 AM  
**To:** Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)  
**Cc:** Derman, Barbara (DCH); Taylor, Lucie (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

The report dates are contained in Attachment C.

---

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Tuesday, December 17, 2013 7:14 PM  
**To:** Fink, Brenda (DCH)  
**Cc:** Broessel, Kristi (DCH); Derman, Barbara (DCH); Taylor, Lucie (DCH)  
**Subject:** Re: Status of Real Alternatives Contract

Yes, Quess is the consultant assigned. Quess, I don't remember the dates for their reports, but since they are getting a late start (almost the second quarter, we may need to be clear about reporting expectations.

Sent from my iPad

On Dec 17, 2013, at 1:59 PM, "Fink, Brenda (DCH)" <[FinkB@michigan.gov](mailto:FinkB@michigan.gov)> wrote:

I assume it will be Quess, Paulette can confirm. Lucie, take note also (and I'll email you the contract, Kristi has handled the interface with the contract directly to this point per our several p/c's with the Real Alternative director)

Brenda Fink, A.C.S.W.  
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Fax: 517-335-8697  
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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:58 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Please let me know who on your team will be reviewing the Progress Reports and F5Rs that we receive. Thank you.

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**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 1:55 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Always good to know! I'm sure Quess will keep you included in the loop for sure as we move forward together on this.

Brenda Fink, A.C.S.W.  
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517-335-8863  
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**Sent:** Tuesday, December 17, 2013 1:52 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Thank you. Please note that as you work with them on this program you feel the need to modify any of the existing requirements, we can address those through an amendment.

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**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 1:48 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Great—thanks to all of you for all the work involved in getting to this point! I think we did as well as we could under the circumstances. I think Jim H will be satisfied---Kristi, he did seem very unhappy that they might not be willing to refer to WIC and MIHP, and seemed to reinforce the idea that we could/should have some “regular” expectations of them. Will let you know how the update goes this week, if I learn anything more from him.

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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:08 PM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

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Please note that as this contractual relationship moves forward we have the ability to amend the agreement as needed at any time.

Please let me know if you have any questions. Thank you.

## Derman, Barbara (DHHS)

---

**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 2:00 PM  
**To:** Taylor, Lucie (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)  
**Subject:** FW: Status of Real Alternatives Contract  
**Attachments:** Real Alternatives FY14.pdf

Lucie, fyi

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:08 PM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

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Please note that as this contractual relationship moves forward we have the ability to amended the agreement as needed at any time.

Please let me know if you have any questions. Thank you.

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Tuesday, December 17, 2013 12:53 PM  
**To:** Broessel, Kristi (DCH)  
**Cc:** Fink, Brenda (DCH); Derman, Barbara (DCH)  
**Subject:** Status of Real Alternatives Contract  
**Importance:** High

Brenda has been in a meeting with Director Haveman updating him on the status of issues in the Division of Family and Community Health. He is particularly interested in Real Alternatives willingness or lack there of to refer to the WIC program. Brenda has a second meeting with the Director Friday 8 am December 20<sup>th</sup> and she needs to update him on issues that came up at the last meeting and other topics as well.

I am writing to find out the status of the Real Alternatives contract and to find out if the last suggested language regarding referrals to WIC has been accepted. This is the suggested language we have on record to go into the contract:

Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.

Grant Agreement Between  
Michigan Department of Community Health  
hereinafter referred to as the "Department"

and

Real Alternatives

7810 Allentown Blvd, Suite 304

Harrisburg, PA 17112

Federal I.D.#: 2232868660, DUNS# 942971474

hereinafter referred to as the "Contractor"

for

Michigan Pregnancy and Parenting Support Services Program

**Part I**

1. **Period of Agreement:** This agreement shall commence on October 1, 2013 and continue through September 30, 2014. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

A. **Agreement Amount**

The total amount of this agreement is \$ 700,000. The Department under the terms of this agreement will provide funding not to exceed \$ 700,000. The federal funding provided by the Department is \$ 0 or approximately N/A%; the Catalog of Federal Domestic Assistance (CFDA) number is N/A and the CFDA Title is N/A; the federal agency name is N/A; the federal grant award number is N/A and the award phase is N/A. The federal program title is N/A. The grant agreement is designated as a:

- subrecipient relationship; or
- vendor relationship.

The grant agreement is designated as:

- Research and development project; or
- Not a research and development project.

B. **Equipment Purchases and Title**

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Contractor upon acquisition. The Department

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**From:** Broessel, Kristi (DCH)  
**Sent:** Wednesday, December 18, 2013 1:30 PM  
**To:** Derman, Barbara (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Per my notes, we had agreed to remove them from the reporting and work with the reporting breakdowns/referrals that Real Alternatives currently has programmed in their data reporting system.

---

**From:** Derman, Barbara (DCH)  
**Sent:** Wednesday, December 18, 2013 12:23 PM  
**To:** Fink, Brenda (DCH); Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

So reading through the contract, I see that we left in the requirement (5.a.iii) that each service provider have referral resources for "WIC, or other nutrition programs; MIHP, or other home visiting programs".

But in the reporting requirement (8.k.) we dropped the requirement that they report Nutrition or Home Visiting referrals. I only see Prenatal care providers and Pediatric care providers. I didn't understand we were taking those out, only thought we removed WIC and MIHP specifically. Referrals for general Nutrition services and Home Visiting programs were in the last draft I saw. I don't know if that's a big deal or not, but we will have no reporting on those types of referrals after all.

*Barbara (Quess) Derman, MSW*

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**From:** Fink, Brenda (DCH)  
**Sent:** Tuesday, December 17, 2013 1:55 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Always good to know! I'm sure Quess will keep you included in the loop for sure as we move forward together on this.

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**From:** Broessel, Kristi (DCH)  
**Sent:** Tuesday, December 17, 2013 1:52 PM  
**To:** Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Cc:** Derman, Barbara (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Thank you. Please note that as you work with them on this program you feel the need to modify any of the existing requirements, we can address those through an amendment.

## Derman, Barbara (DHHS)

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**From:** Derman, Barbara (DCH)  
**Sent:** Wednesday, December 18, 2013 3:03 PM  
**To:** Fink, Brenda (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Yep! We'll get what we get I guess...but we tried ☺

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**From:** Fink, Brenda (DCH)  
**Sent:** Wednesday, December 18, 2013 2:44 PM  
**To:** Derman, Barbara (DCH); Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

Agreed. This was another area where there power point (or maybe it was one of the CEO's emails) said they did collect referral data and/or that they "kept track of", whatever the wording was----but when push came to shove he only meant it may (or may not) get brought up in a "counseling" session and it's up to the "counselor" to make a slash mark somewhere (or whatever they do) just to note that the subject came up. Has nothing to do with anyone actually making a referral, or even referral info being actually given to the woman.

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**From:** Derman, Barbara (DCH)  
**Sent:** Wednesday, December 18, 2013 1:35 PM  
**To:** Broessel, Kristi (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** RE: Status of Real Alternatives Contract

OK, I think I do recall talking about that! Thanks!

*Barbara (Quess) Derman, MSW*

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